



For questions regarding our Direct Pay Prices, please contact your provider's office.

## **Orthopedic (Nonsurgical)**

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit <a href="https://www.bannerhealth.com/DirectPayPriceDescription">www.bannerhealth.com/DirectPayPriceDescription</a>.

HCPCS/ CPT		Direct Pay Facility	Direct Pay Non-Facility
Code (1)	Description	Price (2)	Price (3)
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	57.00	90.00
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	107.00	155.00
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/LOW COMPLEXITY	163.00	225.00
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	275.00	345.00
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	353.00	429.00
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, THAT MAY NOT REQUIRE PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	20.00	43.00
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	55.00	90.00
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	108.00	150.00
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE COMPLEXITY	165.00	223.00
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	233.00	300.00
99241	PATIENT OFFICE CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	71.00	102.00
99242	PATIENT OFFICE CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	147.00	191.00
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW COMPLEXITY	205.00	260.00
99244	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	324.00	384.00
99245	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	402.00	470.00
11730	SEPARATION OF NAIL PLATE FROM NAIL BED	114.00	205.00
20526	INJECTION OF CARPAL TUNNEL	124.00	161.00
20550	INJECTION OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	89.00	123.00
20551	INJECTION OF TENDON ATTACHMENT TO BONE	92.00	124.00
20600	ASPIRATION OR INJECTION OF SMALL JOINT OR JOINT CAPSULE	85.00	116.00
20605	ASPIRATION OR INJECTION OF MEDIUM JOINT OR JOINT CAPSULE	89.00	126.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
20615	ASPIRATION AND INJECTION TREATMENT OF BONE CYST	341.00	466.00
25600	TREATMENT OF BROKEN FOREARM BONES	551.00	605.00
29065	APPLICATION OF CAST, SHOULDER TO HAND (LONG ARM)	146.00	200.00
29075	APPLICATION OF CAST, ELBOW TO FINGER (SHORT ARM)	133.00	186.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	136.00	186.00
73560	X-RAY OF KNEE, 1 OR 2 VIEWS	68.00	68.00
73564	X-RAY OF KNEE, 4 OR MORE VIEWS	93.00	93.00
97597	REMOVAL OF TISSUE FROM WOUNDS	53.00	157.00
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	5.00	5.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	9.50	9.50
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	17.20	17.20
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	188.00	188.00
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	254.40	254.40
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	23.90	23.90

<sup>(1)</sup> HCPCS (Healthcare Common Procedure Coding System), also referred to as CPT (Current Procedural Terminology), is a uniform coding system for describing medical, surgical and diagnostic services as well as supplies, pharmaceuticals, etc.

The Direct Pay Facility Price is applicable when services are provided in a facility setting; for example, a hospital, a skilled nursing facility or an ambulatory surgical center.

<sup>(3)</sup> The Direct Pay Non-Facility Price is applicable when services are provided in a non-facility setting; for example, a physician's office or a patient's home.