



Banner Medical Group: Overall

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit www.bannerhealth.com/DirectPayPriceDescription.

HCPCS/ CPT Code ⁽¹⁾	Description	Direct Pay Facility Price ⁽²⁾	Direct Pay Non-Facility 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
99217	HOSPITAL OBSERVATION CARE, DISCHARGE	151.00	151.00
99218	INITIAL HOSPITAL OBSERVATION CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	141.00	141.00
99219	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/MODERATE COMPLEXITY	234.00	234.00
99220	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/HIGH COMPLEXITY	327.00	327.00
99221	INITIAL HOSPITAL INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	211.00	211.00
99222	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/MODERATE COMPLEXITY	287.00	287.00
99223	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	422.00	422.00
99224	SUBSEQUENT OBSERVATION CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	61.00	61.00
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	107.00	107.00
99226	SUBSEQUENT OBSERVATION CARE, DETAILED/HIGH COMPLEXITY	161.00	161.00
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	84.00	84.00
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	152.00	152.00
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, DETAILED/HIGH COMPLEXITY	217.00	217.00
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	151.00	151.00
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	221.00	221.00
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
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
99307	SUBSEQUENT NURSING FACILITY VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	92.00	92.00
99308	SUBSEQUENT NURSING FACILITY VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	141.00	141.00
99309	SUBSEQUENT NURSING FACILITY VISIT, DETAILED/MODERATE COMPLEXITY	186.00	186.00
99310	SUBSEQUENT NURSING FACILITY VISIT, COMPREHENSIVE/HIGH COMPLEXITY	276.00	276.00
99391	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	113.00	173.00
99392	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	132.00	192.00
99393	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	132.00	191.00
99394	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	150.00	209.00
99395	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	150.00	209.00
99396	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	169.00	229.00
99397	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	190.00	258.00
11100	BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH	108.00	223.00
17000	DESTRUCTION OF SKIN GROWTH	121.00	173.00

Prices are subject to change without notice. If this is a printed copy of this document, please visit www.bannerhealth.com/DirectPayPriceDescription to validate current prices.



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17003	DESTRUCTION OF MULTIPLE SKIN GROWTHS	10.00	16.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
7045026	CT SCAN HEAD OR BRAIN (PROFESSIONAL COMPONENT ONLY)	92.00	92.00
7101026	X-RAY OF CHEST, 1 VIEW, FRONT (PROFESSIONAL COMPONENT ONLY)	20.00	20.00
7102026	X-RAY OF CHEST, 2 VIEWS, FRONT AND SIDE (PROFESSIONAL COMPONENT ONLY)	24.00	24.00
7417726	CT SCAN OF ABDOMEN AND PELVIS (PROFESSIONAL COMPONENT ONLY)	193.00	193.00
77052TC	COMPUTER ANALYSIS OF SCREENING MAMMOGRAM TO ASSIST DETECTION OF CANCER (TECHNICAL/FACILITY COMPONENT ONLY)	19.00	19.00
88332	PATHOLOGY EXAMINATION OF SPECIMEN DURING SURGERY	88.00	88.00
92014	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT, 1 OR MORE VISITS	169.00	253.00
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	44.00	44.00
9397126	ULTRASOUND SCAN LIMITED STUDY OF ARM OR LEG VEINS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS (PROFESSIONAL COMPONENT ONLY)	50.00	50.00
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	5.00	5.00
G020226	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS (PROFESSIONAL COMPONENT ONLY)	76.00	76.00
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12.00	12.00
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	3.00	3.00
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	2.30	2.30
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	6.00	6.00
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	20.00	20.00
J0897	INJECTION, DENOSUMAB, 1 MG	29.00	29.00
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.20
J1453	INJECTION, FOSAPREPITANT, 1 MG	4.00	4.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.40
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	36.90	36.90
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	23.90	23.90
J9025	INJECTION, AZACITIDINE, 1 MG	10.30	10.30
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	38.00	38.00
J9035	INJECTION, BEVACIZUMAB, 10 MG	116.90	116.90
J9041	INJECTION, BORTEZOMIB, 0. 1 MG	78.60	78.60
J9045	INJECTION, CARBOPLATIN, 50 MG	10.00	10.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	12.00	12.00
J9171	INJECTION, DOCETAXEL, 1 MG	36.10	36.10
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	296.80	296.80
J9263	INJECTION, OXALIPLATIN, 0. 5 MG	20.00	20.00
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	19.00	19.00
J9305	INJECTION, PEMETREXED, 10 MG	102.90	102.90
J9355	INJECTION, TRASTUZUMAB, 10 MG	136.60	136.60
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	41.00	95.00

(1) 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.

(2) 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.

(3) 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.