



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

PA: Family Practice (without OB)

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 <u>Facility</u> 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
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
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
10060 12001	DRAINAGE OF ABSCESS REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK,	200.00 120.00	237.00 208.00
20680AS	ARMS AND/OR LEGS REMOVAL OF DEEP BONE IMPLANT (SURGICAL ASSIST BY NPP CHARGE ONLY)	229.00	327.00
20080AS 20924AS	TENDON GRAFT (SURGICAL ASSIST BY NPP CHARGE ONLY)	273.00	273.00
29075	APPLICATION OF CAST, ELBOW TO FINGER (SHORT ARM)	133.00	186.00
29888AS	REPAIR OF ANTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	536.00	536.00
38724AS	REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK (SURGICAL ASSIST BY NPP CHARGE ONLY)	792.00	792.00
41899SETAS	SURGICAL EXTRACTION OF TOOTH (SURGICAL ASSIST BY NPP CHARGE ONLY)	78.00	100.00
43246AS	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	140.00	140.00
44970AS	REMOVAL OF APPENDIX USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	319.00	319.00
47562AS	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	398.00	398.00
49500AS	REPAIR OF GROIN HERNIA PATIENT AGE 6 MONTHS TO YOUNGER THAN 5 YEARS (SURGICAL ASSIST BY NPP CHARGE ONLY)	205.00	205.00
49505AS	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER (SURGICAL ASSIST BY NPP CHARGE ONLY)	276.00	276.00
49560AS	REPAIR OF INCISIONAL OR ABDOMINAL HERNIA (SURGICAL ASSIST BY NPP CHARGE ONLY)	393.00	393.00
50780AS	CONNECTION TO BLADDER OF LOWER PORTION OF URINARY DUCT (URETER) (SURGICAL ASSIST BY NPP CHARGE ONLY)	618.00	618.00
50782AS	CONNECTION OF EXTRA URINARY DUCT (URETER) TO BLADDER (SURGICAL ASSIST BY NPP CHARGE ONLY)	641.00	641.00
54322AS	REPAIR OF URINARY OUTLET OF PENIS (SURGICAL ASSIST BY NPP CHARGE ONLY)	443.00	443.00
54328AS	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH SKIN GRAFT OR FLAP (SURGICAL ASSIST BY NPP CHARGE ONLY)	528.00	528.00
54360AS	RECONSTRUCTIVE SURGERY TO CORRECT ANGLE PENIS (SURGICAL ASSIST BY NPP CHARGE ONLY)	408.00	408.00





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HCPCS/		Direct Pay	Direct Pay
CPT Code ⁽¹⁾	December 2	Facility	Non-Facility
	Description	Price (2)	Price (3)
54640AS	REPAIR OF DISPLACED TESTICLE (SURGICAL ASSIST BY NPP CHARGE ONLY)	267.00	267.00
58571AS	ABDOMINAL REMOVAL OF UTERUS (250 GRAMS OR LESS) WITH REMOVAL OF TUBES AND/OR	562.00	562.00
	OVARIES USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)		
58661AS	REMOVAL OF OVARIES OR TUBES USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE	353.00	353.00
	ONLY)		
60240AS	REMOVAL OF BOTH THYROID LOBES (SURGICAL ASSIST BY NPP CHARGE ONLY)	528.00	528.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	262.00	270.00
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	44.00	44.00
94640	RESPIRATORY INHALED PRESSURE OR NONPRESSURE TREATMENT TO RELIEVE AIRWAY	35.00	35.00
	OBSTRUCTION OR FOR SPUTUM SPECIMEN		
94664	DEMONSTRATION OR EVALUATION OF PATIENT USE OF AEROSOL GENERATOR, NEBULIZER,	35.00	35.00
	METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE		
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	2.00	2.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J2280	INJECTION, MOXIFLOXACIN, 100 MG	6.30	6.30
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.40
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	5.10	5.10
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	1.00	1.00
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED	1.00	1.00
	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME		

⁽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.