



**PA: Medical**

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](http://www.bannerhealth.com/DirectPayPriceDescription).

HCPCS/ CPT Code <sup>(1)</sup>	Description	Direct Pay Facility Price <sup>(2)</sup>	Direct Pay Non-Facility Price <sup>(3)</sup>
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
23515AS	SURGICAL TREATMENT OF COLLAR BONE BROKEN (SURGICAL ASSIST BY NPP CHARGE ONLY)	387.00	387.00
25447AS	REMOVAL OF BONE JOINTS BETWEEN WRIST AND FINGERS (SURGICAL ASSIST BY NPP CHARGE ONLY)	443.00	443.00
25609AS	SURGICAL TREATMENT OF BROKEN OF LOWER FOREARM OR GROWTH PLATE SEPARATION (SURGICAL ASSIST BY NPP CHARGE ONLY)	559.00	559.00
27130AS	REPLACEMENT OF THIGH BONE AND HIP JOINT PROSTHESIS (SURGICAL ASSIST BY NPP CHARGE ONLY)	783.00	783.00
27245AS	SURGICAL TREATMENT OF BROKEN THIGH BONE (SURGICAL ASSIST BY NPP CHARGE ONLY)	673.00	673.00
27446AS	REPAIR OF KNEE JOINT (SURGICAL ASSIST BY NPP CHARGE ONLY)	601.00	601.00
27447AS	REPAIR OF KNEE JOINT (SURGICAL ASSIST BY NPP CHARGE ONLY)	837.00	837.00
29822AS	REMOVAL OF SHOULDER JOINT TISSUE USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	309.00	309.00
29823AS	EXTENSIVE REMOVAL OF SHOULDER JOINT TISSUE USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	338.00	338.00
29824AS	PARTIAL REMOVAL OF COLLAR BONE AT SHOULDER USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	363.00	363.00
29826AS	SHAVING OF SHOULDER BONE USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	360.00	360.00
29827AS	REPAIR OF SHOULDER ROTATOR CUFF USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	585.00	585.00
29875AS	PARTIAL REMOVAL OF KNEE JOINT LINING USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	267.00	267.00
29880AS	REMOVAL OF BOTH KNEE CARTILAGES USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	372.00	372.00
29881AS	REMOVAL OF ONE KNEE CARTILAGE USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	348.00	348.00
29888AS	REPAIR OF ANTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	536.00	536.00
29999ABTAS	ARTHROSCOPIC BICEPS TENOTOMY (SURGICAL ASSIST BY NPP CHARGE ONLY)	420.00	420.00
44970	REMOVAL OF APPENDIX USING AN ENDOSCOPE	1,275.00	1,275.00
44970AS	REMOVAL OF APPENDIX USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	319.00	319.00
49491AS	REPAIR OF GROIN HERNIA PRETERM INFANT YOUNGER THAN 37 WEEKS GESTATION PERFORMED FROM BIRTH TO 50 WEEKS POSTCONCEPTION (SURGICAL ASSIST BY NPP CHARGE ONLY)	420.00	420.00



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49495AS	REPAIR OF GROIN HERNIA FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS OR PRETERM INFANT OLDER THAN 50 WEEKS POSTCONCEPTION AGE AND YOUNGER THAN AGE 6 MONTHS AT TIME OF SURGERY (SURGICAL ASSIST BY NPP CHARGE ONLY)	215.00	215.00
49500AS	REPAIR OF GROIN HERNIA PATIENT AGE 6 MONTHS TO YOUNGER THAN 5 YEARS (SURGICAL ASSIST BY NPP CHARGE ONLY)	205.00	205.00
50780AS	CONNECTION TO BLADDER OF LOWER PORTION OF URINARY DUCT (URETER) (SURGICAL ASSIST BY NPP CHARGE ONLY)	618.00	618.00
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
54640AS	REPAIR OF DISPLACED TESTICLE (SURGICAL ASSIST BY NPP CHARGE ONLY)	267.00	267.00

<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.

<sup>(2)</sup> 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.