



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

Pediatrics: General

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
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
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	132.00	204.00
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	150.00	222.00
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	150.00	220.00
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	169.00	240.00
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	169.00	240.00
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	208.00	279.00
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	229.00	308.00
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
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT	23.00	23.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER NEWBORN INFANT EVALUATION AND MANAGEMENT PER DAY	126.00	126.00
99461	INITIAL NEWBORN INFANT EVALUATION AND MANAGEMENT PER DAY	139.00	199.00
99462	SUBSEQUENT INPATIENT HOSPITAL CARE OF NEWBORN PER DAY	68.00	68.00
99463	INITIAL INPATIENT HOSPITAL OR BIRTHING CENTER SAME DATE CARE AND DISCHARGE OF NEWBORN	173.00	173.00
17110	DESTRUCTION OF UP TO 14 SKIN GROWTHS	149.00	236.00
17250	APPLICATION OF CHEMICAL AGENT TO EXCESSIVE WOUND TISSUE	79.00	163.00
44970AS	REMOVAL OF APPENDIX USING AN ENDOSCOPE (SURGICAL ASSIST BY NPP CHARGE ONLY)	319.00	319.00
51741	ELECTRONIC ASSESSMENT OF BLADDER EMPTYING	169.00	169.00
51784	NON-NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES AT BLADDER AND BOWEL OPENINGS	449.00	449.00
54150	REMOVAL OF FORESKIN OF USING CLAMP OR DEVICE	221.00	367.00
69210	REMOVAL OF IMPACT EAR WAX	71.00	109.00
76857	ULTRASOUND OF PELVIS	222.00	222.00
92552	PURE TONE AIR CONDUCTION THRESHOLD HEARING ASSESSMENT	57.00	57.00
92558	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT AND AUTOMATED ANALYSIS OF SOUND	26.00	26.00
92567	EARDRUM TESTING USING EAR PROBE	28.00	34.00
92587	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	81.00	81.00
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	44.00	44.00





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HCPCS/ CPT		Direct Pay Facility	Direct Pay Non-Facility
Code (1)	Description	Price (2)	Price (3)
94640	RESPIRATORY INHALED PRESSURE OR NONPRESSURE TREATMENT TO RELIEVE AIRWAY OBSTRUCTION OR FOR SPUTUM SPECIMEN	35.00	35.00
96110	DEVELOPMENTAL SCREENING	24.00	24.00
99051	SERVICES PROVIDED IN AN OFFICE DURING REGULARLY-SCHEDULED OFFICE HOURS, EVENING, WEEKEND, OR HOLIDAY	82.00	82.00
99173	EYE CHART TESTING OF VISUAL ACUITY	6.00	6.00
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	350.00	350.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	1.00	1.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.20
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	1.00	1.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1.00	1.00
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1.00	1.00
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1.00	1.00
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⁽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.