



Physiatry (Physical Medicine & Rehabilitation)

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
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
99245	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	402.00	470.00
99251	INPATIENT HOSPITAL CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	103.00	103.00
99252	INPATIENT HOSPITAL CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	158.00	158.00
99253	INPATIENT HOSPITAL CONSULTATION, DETAILED/LOW COMPLEXITY	241.00	241.00
99254	INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	347.00	347.00
99255	INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	419.00	419.00
99304	INITIAL NURSING FACILITY VISIT, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	192.00	192.00
99305	INITIAL NURSING FACILITY VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	269.00	269.00
99306	INITIAL NURSING FACILITY VISIT, COMPREHENSIVE/HIGH COMPLEXITY	342.00	342.00
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
64614	INJECTION OF CHEMICAL FOR DESTRUCTION OF ARMS LEGS AND/OR TORSO MUSCLES	331.00	381.00
95874	NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES FOR GUIDANCE WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF MUSCLES	121.00	121.00
97810	ACUPUNCTURE 1 OR MORE NEEDLES, INITIAL 15 MINUTES	67.00	79.00
97813	ACUPUNCTURE 1 OR MORE NEEDLES WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES	72.00	84.00
97814	ACUPUNCTURE 1 OR MORE NEEDLES WITH ELECTRICAL STIMULATION AND RE-INSERTION OF	62.00	68.00

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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	NEEDLES, ADDITIONAL 15 MINUTES		
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12.00	12.00

⁽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.