



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

## **Rheumatology**

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit <a href="https://www.bannerhealth.com/DirectPayPriceDescription">www.bannerhealth.com/DirectPayPriceDescription</a>.

HCPCS/ CPT		Direct Pay Facility	Direct Pay Non-Facility
Code (1)	Description	Price (2)	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	20.00	43.00
	PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL		
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	108.00	150.00
	FOCUSED/LOW COMPLEXITY		
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE	165.00	223.00
	COMPLEXITY		
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
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	84.00	84.00
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, EXPANDED PROBLEM FOCUSED/MODERATE	152.00	152.00
	COMPLEXITY		
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, DETAILED/HIGH COMPLEXITY	217.00	217.00
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, FIRST 30-74 MINUTES	194.00	208.00
17000	DESTRUCTION OF SKIN GROWTH	121.00	173.00
20526	INJECTION OF CARPAL TUNNEL	124.00	161.00
20550	INJECTION OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	89.00	123.00
20552	INJECTION OF TRIGGER POINTS IN 1 OR 2 MUSCLES	80.00	114.00
20600	ASPIRATION OR INJECTION OF SMALL JOINT OR JOINT CAPSULE	85.00	116.00
20605	ASPIRATION OR INJECTION OF MEDIUM JOINT OR JOINT CAPSULE	89.00	126.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
20612	ASPIRATION OR INJECTION OF CYST	90.00	125.00
76942	ULTRASONIC GUIDANCE IMAGING SUPERVISION AND INTERPRETATION FOR INSERTION OF NEEDLE	432.00	432.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	9.50	9.50
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J2550	INJECTION, REPORTED HCL, UP TO 50 MG	3.80	3.80
J3301	INJECTION, FROMETTIAZINE FICE, OF TO 30 MG  INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J3301 J3303	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SECURED, 10 MG	2.80	2.80
J3420	INJECTION, TRIAMCINOCONE REXACETORIDE, PER SMG  INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	188.00	188.00
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	250.20	250.20
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1	350.30 23.90	350.30 23.90
10350	MG	0.40	0.10
J9250	METHOTREXATE SODIUM, 5 MG	0.40	0.40

<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 <u>Facility</u> Price is applicable when services are provided in a facility setting; for example, a hospital, a skilled nursing facility or an ambulatory surgical center.





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(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.