



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

| HCPCS/<br>CPT<br>Code <sup>(1)</sup> | Description                                                                                                                                  | Direct Pay<br>Facility<br>Price <sup>(2)</sup> | Direct Pay<br>Non-Facility<br>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                                             |
| 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 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                                             |
| 99291                                | CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES                                                                                                  | 472.00                                         | 575.00                                             |
| 99292                                | CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES                                                                                           | 237.00                                         | 259.00                                             |
| 11042                                | REMOVAL OF SKIN AND TISSUE FIRST 20 SQ CM OR LESS                                                                                            | 104.00                                         | 189.00                                             |
| 11046                                | REMOVAL OF SKIN AND MUSCLE EACH ADDITIONAL 20 SQ CM OR PART THEREOF                                                                          | 84.00                                          | 118.00                                             |
| 43239                                | BIOPSY OF THE ESOPHAGUS, STOMACH, OR UPPER SMALL BOWEL USING AN ENDOSCOPE                                                                    | 380.00                                         | 752.00                                             |
| 44970                                | REMOVAL OF APPENDIX USING AN ENDOSCOPE                                                                                                       | 1,275.00                                       | 1,275.00                                           |
| 47562                                | REMOVAL OF GALLBLADDER USING AN ENDOSCOPE                                                                                                    | 1,590.00                                       | 1,590.00                                           |
| 47563                                | REMOVAL OF GALLBLADDER WITH X-RAY STUDY OF BILE DUCTS USING ENDOSCOPE                                                                        | 1,612.00                                       | 1,612.00                                           |
| 49505                                | REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER                                                                                          | 1,103.00                                       | 1,103.00                                           |
| 93880                                | ULTRASOUND SCANNING OF HEAD AND NECK VESSEL BLOOD FLOW (OUTSIDE THE BRAIN)                                                                   | 546.00                                         | 546.00                                             |
| 9388026                              | ULTRASOUND SCANNING OF HEAD AND NECK VESSEL BLOOD FLOW (OUTSIDE THE BRAIN) (PROFESSIONAL COMPONENT ONLY)                                     | 66.00                                          | 66.00                                              |
| 93922                                | ULTRASOUND STUDY OF ARTERIES OF LEGS                                                                                                         | 241.00                                         | 241.00                                             |
| 9392226                              | ULTRASOUND STUDY OF ARTERIES OF LEGS (PROFESSIONAL COMPONENT ONLY)                                                                           | 27.00                                          | 27.00                                              |
| 93925                                | ULTRASOUND STUDY OF ARTERIES AND ARTERIAL GRAFTS OF LEGS                                                                                     | 690.00                                         | 690.00                                             |
| 9392526                              | ULTRASOUND STUDY OF ARTERIES AND ARTERIAL GRAFTS OF LEGS (PROFESSIONAL COMPONENT ONLY)                                                       | 63.00                                          | 63.00                                              |
| 93926                                | ULTRASOUND LIMITED OR STUDY OF ARTERIES AND ARTERIAL GRAFTS OF LEGS                                                                          | 449.00                                         | 449.00                                             |

Prices are subject to change without notice. If this is a printed copy of this document, please visit [www.bannerhealth.com/DirectPayPriceDescription](http://www.bannerhealth.com/DirectPayPriceDescription) to validate current prices.



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|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| 9392626                              | ULTRASOUND LIMITED OR STUDY OF ARTERIES AND ARTERIAL GRAFTS OF LEGS (PROFESSIONAL COMPONENT ONLY)                                            | 44.00                                          | 44.00                                              |
| 93970                                | ULTRASOUND SCAN OF VEINS OF ARMS OR LEGS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS                                        | 563.00                                         | 563.00                                             |
| 9397026                              | ULTRASOUND SCAN OF VEINS OF ARMS OR LEGS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS (PROFESSIONAL COMPONENT ONLY)          | 76.00                                          | 76.00                                              |
| 93971                                | ULTRASOUND SCAN LIMITED STUDY OF ARM OR LEG VEINS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS                               | 370.00                                         | 370.00                                             |
| 9397126                              | ULTRASOUND SCAN LIMITED STUDY OF ARM OR LEG VEINS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS (PROFESSIONAL COMPONENT ONLY) | 50.00                                          | 50.00                                              |
| 93975                                | ULTRASOUND SCAN OF ABDOMINAL, PELVIC, SCROTAL OR ABDOMINAL CAVITY ARTERIAL INFLOW AND VENOUS OUTFLOW                                         | 829.00                                         | 829.00                                             |
| 9397526                              | ULTRASOUND SCAN OF ABDOMINAL, PELVIC, SCROTAL OR ABDOMINAL CAVITY ARTERIAL INFLOW AND VENOUS OUTFLOW (PROFESSIONAL COMPONENT ONLY)           | 198.00                                         | 198.00                                             |
| 93978                                | ULTRASOUND SCAN OF VENA CAVA OR GROIN GRAFT OR VESSEL BLOOD FLOW                                                                             | 529.00                                         | 529.00                                             |

<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.