



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

## **Surgery: Pediatric**

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 Code <sup>(1)</sup>	Description	Direct Pay <u>Facility</u> 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, FROBELING OCOSED/STRAIGHT ORWARD  NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM	107.00	155.00
33202	FOCUSED/STRAIGHTFORWARD	107.00	133.00
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	275.00	345.00
J3 <b>2</b> U4	COMPLEXITY	273.00	3-3.00
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
JJ211	PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	20.00	.5.00
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM	55.00	90.00
	FOCUSED/STRAIGHTFORWARD		
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	233.00	300.00
	COMPLEXITY		
99221	INITIAL HOSPITAL INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW	211.00	211.00
	COMPLEXITY		
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	84.00	84.00
	COMPLEXITY		
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
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
10061	DRAINAGE OF MULTIPLE ABSCESS	346.00	395.00
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	385.00	481.00
17250	APPLICATION OF CHEMICAL AGENT TO EXCESSIVE WOUND TISSUE	79.00	163.00
36557	INSERTION OF CATHETER IN VEIN FOR INFUSION	709.00	2,059.00
36561	INSERTION OF CATHETER IN VEIN AND IMPLANTED DEVICE FOR INFUSION	788.00	2,597.00
36589	REMOVAL OF CENTRAL VENOUS CATHETER FOR INFUSION	312.00	370.00
36590	REMOVAL OF PERIPHERAL VENOUS CATHETER FOR INFUSION	452.00	628.00
43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS USING AN ENDOSCOPE	343.00	343.00
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	282.00	282.00
43653	CREATION OF STOMACH FEEDING TUBE USING AN ENDOSCOPE	1,208.00	1,208.00
43760	CHANGE OF STOMACH FEEDING	109.00	881.00
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
49500	REPAIR OF GROIN HERNIA PATIENT AGE 6 MONTHS TO YOUNGER THAN 5 YEARS	818.00	818.00
49505	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	1,103.00	1,103.00
49560	REPAIR OF INCISIONAL OR ABDOMINAL HERNIA	1,571.00	1,571.00
49580	REPAIR OF HERNIA AT NAVEL PATIENT YOUNGER THAN AGE 5 YEARS	694.00	694.00
49585	REPAIR OF HERNIA AT NAVEL PATIENT AGE 5 YEARS OR OLDER	939.00	939.00
54150	REMOVAL OF FORESKIN OF USING CLAMP OR DEVICE	221.00	367.00
7700126	FLUOROSCOPIC GUIDANCE FOR INSERTION OF DEVICE INTO VEIN (PROFESSIONAL	43.00	43.00



## **Banner Medical Group**

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HCPCS/ CPT Code (1)	Description	Direct Pay <u>Facility</u> Price <sup>(2)</sup>	Direct Pay Non-Facility Price (3)
	COMPONENT ONLY)		

<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.

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.

<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.