



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

Urology: Pediatric

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
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
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
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
50394	INJECTION OF KIDNEY OR URINARY DUCT (URETER) FOR X-RAY IMAGING OF KIDNEY	112.00	229.00
50780	CONNECTION TO BLADDER OF LOWER PORTION OF URINARY DUCT (URETER)	2,472.00	2,472.00
51741	ELECTRONIC ASSESSMENT OF BLADDER EMPTYING	169.00	169.00
52000	DIAGNOSTIC EXAMINATION OF THE BLADDER AND BLADDER CANAL (URETHRA) USING AN ENDOSCOPE	284.00	466.00
52005	IRRIGATION OR INSTILLATION INTO BLADDER AND BLADDER CANAL (URETHRA) USING AN ENDOSCOPE	301.00	638.00
52310	REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA) OR BLADDER USING AN ENDOSCOPE	343.00	553.00
52332	INSERTION OF STENT IN URINARY DUCT (URETER) USING AN ENDOSCOPE	321.00	984.00
53450	REPAIR OF BLADDER CANAL (URETHRA) AND URINARY OPENING	919.00	919.00
54150	REMOVAL OF FORESKIN OF USING CLAMP OR DEVICE	221.00	367.00
54161	REMOVAL OF PENILE FORESKIN OF USING OTHER THAN CLAMP, DEVICE, OR SLITTING PATIENT OLDER THAN 28 DAYS OF AGE	444.00	444.00
54162	REMOVAL OF SCAR TISSUE FOLLOWING PENILE FORESKIN REMOVAL	446.00	597.00
54163	REPAIR OF INCOMPLETE REMOVAL OF PENILE FORESKIN	493.00	493.00
54235	INJECTION PROCEDURE TO INDUCE ERECTION	166.00	203.00
54322	REPAIR OF URINARY OUTLET OF PENIS	1,769.00	1,769.00
54328	REPAIR OF URINARY OUTLET AT UNDERSIDE OF PENIS WITH SKIN GRAFT OR FLAP	2,112.00	2,112.00
54360	RECONSTRUCTIVE SURGERY TO CORRECT ANGLE PENIS	1,632.00	1,632.00
54450	REPOSITIONING OF FORESKIN INCLUDING SCAR TISSUE REMOVAL	130.00	161.00
54620	ANCHORING OF OPPOSITE TESTICLE TO OTHER TESTICLE	677.00	677.00
54640	REPAIR OF DISPLACED TESTICLE	1,068.00	1,068.00





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HCPCS/ CPT		Direct Pay Facility	Direct Pay Non-Facility
Code (1)	Description	Price (2)	Price (3)
55175	REPAIR OF THE SCROTUM	819.00	819.00
55530	REMOVAL OF SPERMATIC CORD VENOUS DILATION OR TYING OF SPERMATIC VEINS	795.00	795.00
56441	REMOVAL OF EXTERNAL FEMALE GENITAL SCAR TISSUE	307.00	321.00
7442026	IMAGING OF URINARY TRACT (PROFESSIONAL COMPONENT ONLY)	40.00	40.00
76770	ULTRASOUND BEHIND ABDOMINAL CAVITY	293.00	293.00
76856	ULTRASOUND OF PELVIS	273.00	273.00
76857	ULTRASOUND OF PELVIS	222.00	222.00
76870	ULTRASOUND OF SCROTUM	272.00	272.00
93976	ULTRASOUND LIMITED SCAN OF ABDOMINAL, PELVIC, SCROTAL OR ABDOMINAL CAVITY	474.00	474.00
	ARTERIAL INFLOW AND VENOUS OUTFLOW		

⁽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 <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.

⁽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.