



Emergency Medicine

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
99217	HOSPITAL OBSERVATION CARE, DISCHARGE	151.00	151.00
99218	INITIAL HOSPITAL OBSERVATION CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	141.00	141.00
99219	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/MODERATE COMPLEXITY	234.00	234.00
99220	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/HIGH COMPLEXITY	327.00	327.00
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
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
99281	EMERGENCY DEPARTMENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	45.00	45.00
99282	EMERGENCY DEPARTMENT VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	88.00	88.00
99283	EMERGENCY DEPARTMENT VISIT, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	133.00	133.00
99284	EMERGENCY DEPARTMENT VISIT, DETAILED/MODERATE COMPLEXITY	251.00	251.00
99285	EMERGENCY DEPARTMENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	368.00	368.00
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
99468	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGER, PER DAY	1,953.00	1,953.00
99469	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF NEWBORN, 28 DAYS OF AGE OR YOUNGER, PER DAY	851.00	851.00
99471	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE, PER DAY	1,683.00	1,683.00
99472	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE, PER DAY	847.00	847.00
99475	INITIAL INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE, PER DAY	1,189.00	1,189.00
99476	SUBSEQUENT INPATIENT HOSPITAL CRITICAL CARE OF INFANT OR YOUNG CHILD, 2 THROUGH 5	721.00	721.00

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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	YEARS OF AGE, PER DAY		
10060	DRAINAGE OF ABSCESS	200.00	237.00
10080	DRAINAGE OF TAILBONE CYST	214.00	363.00
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK, ARMS AND/OR LEGS	120.00	208.00
12002	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS, TRUNK, ARMS AND/OR LEGS	154.00	245.00
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH	144.00	250.00
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	127.00	181.00
29125	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)	93.00	144.00
29130	APPLICATION OF NON-MOVEABLE, HINGED FINGER SPLINT	62.00	85.00
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	106.00	151.00
31500	EMERGENT INSERTION OF BREATHING TUBE INTO WINDPIPE CARTILAGE USING AN ENDOSCOPE	239.00	239.00
31622	PLACEMENT OF RADIATION THERAPY MARKERS IN LUNG AIRWAYS USING AN ENDOSCOPE	321.00	683.00
31624	IRRIGATION AND SUCTION OF LUNG AIRWAYS TO OBTAIN CELLS USING AN ENDOSCOPE	322.00	685.00
36000	INSERTION OF NEEDLE OR CATHETER INTO A VEIN	22.00	56.00
36556	INSERTION OF CATHETER IN VEIN FOR INFUSION	267.00	513.00
36620	INSERTION OF ARTERIAL CATHETER FOR BLOOD SAMPLING OR INFUSION	111.00	111.00
36800	INSERTION OF EXTERNAL TUBE FROM VEIN TO VEIN FOR DIALYSIS	359.00	359.00
51701	INSERTION OF TEMPORARY BLADDER CATHETER	62.00	130.00
62270	SPINAL TAP FOR DIAGNOSIS	172.00	338.00
69210	REMOVAL OF IMPACT EAR WAX	71.00	109.00
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	44.00	44.00
94640	RESPIRATORY INHALED PRESSURE OR NONPRESSURE TREATMENT TO RELIEVE AIRWAY OBSTRUCTION OR FOR SPUTUM SPECIMEN	35.00	35.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	8.20	8.20
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	1.00	1.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.20
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1.60	1.60
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	4.00	4.00
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.40
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	3.80	3.80
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	0.70	0.70
J3490CLI	CLINDAMYCIN 150MG	3.00	3.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	1.00	1.00
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	1.00	1.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1.00	1.00
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1.00	1.00

(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.