



Family Practice (with OB)

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
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
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	132.00	204.00
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	150.00	222.00
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	150.00	220.00
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	169.00	240.00
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	169.00	240.00
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	208.00	279.00
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	229.00	308.00
99391	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	113.00	173.00
99392	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	132.00	192.00
99393	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	132.00	191.00
99394	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	150.00	209.00
99395	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	150.00	209.00
99396	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	169.00	229.00
99397	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	190.00	258.00
99455	WORK-RELATED OR MEDICAL DISABILITY EXAMINATION	130.00	130.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER NEWBORN INFANT EVALUATION AND MANAGEMENT PER DAY	126.00	126.00
99461	INITIAL NEWBORN INFANT EVALUATION AND MANAGEMENT PER DAY	139.00	199.00
99462	SUBSEQUENT INPATIENT HOSPITAL CARE OF NEWBORN PER DAY	68.00	68.00
11601	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	321.00	482.00
11622	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR GENITALS	374.00	548.00
11640	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, OR LIPS	268.00	420.00
17000	DESTRUCTION OF SKIN GROWTH	121.00	173.00
17003	DESTRUCTION OF MULTIPLE SKIN GROWTHS	10.00	16.00
17110	DESTRUCTION OF UP TO 14 SKIN GROWTHS	149.00	236.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
59400	OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY	4,135.00	4,135.00
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
95115	INJECTION OF INCREMENTAL DOSAGES OF ALLERGEN	23.00	23.00
95117	INJECTION OF INCREMENTAL DOSAGES OF ALLERGEN, 2 OR MORE INJECTIONS	28.00	28.00
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO LABORATORY	12.00	12.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30

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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J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	1.00	1.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.20
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)	26.00	26.00

⁽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.