



**Family Practice (without 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](http://www.bannerhealth.com/DirectPayPriceDescription).

HCPCS/ CPT Code <sup>(1)</sup>	Description	Direct Pay Facility Price <sup>(2)</sup>	Direct Pay Non-Facility 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
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
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 65 + 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
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
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
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO LABORATORY	12.00	12.00
99173	EYE CHART TESTING OF VISUAL ACUITY	6.00	6.00
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	41.00	41.00
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	234.00	234.00

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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	SUBSEQUENT VISIT		
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12.00	12.00
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	2.30	2.30
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	41.00	95.00
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)	15.00	15.00
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)	26.00	26.00

<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.