



NP: 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.

Table with 4 columns: HCPCS/CPT Code, Description, Direct Pay Facility Price, and Direct Pay Non-Facility Price. It lists various medical services such as patient visits, preventive evaluations, and surgical procedures with their corresponding prices.

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| HCPCS/ CPT Code ⁽¹⁾ | Description | Direct Pay Facility Price ⁽²⁾ | Direct Pay Non-Facility Price ⁽³⁾ |
|--------------------------------------|--|--|--|
| 20605 | ASPIRATION OR INJECTION OF MEDIUM JOINT OR JOINT CAPSULE | 89.00 | 126.00 |
| 20610 | ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE | 108.00 | 168.00 |
| 29125 | APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND) | 93.00 | 144.00 |
| 36000 | INSERTION OF NEEDLE OR CATHETER INTO A VEIN | 22.00 | 56.00 |
| 46600 | DIAGNOSTIC EXAMINATION OF THE ANUS USING AN ENDOSCOPE | 85.00 | 180.00 |
| 51798 | ULTRASOUND MEASUREMENT OF BLADDER CAPACITY AFTER VOIDING | 43.00 | 43.00 |
| 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 |
| 94664 | DEMONSTRATION OR EVALUATION OF PATIENT USE OF AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE | 35.00 | 35.00 |
| 94761 | MULTIPLE MEASUREMENTS OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE | 10.00 | 10.00 |
| G0009 | ADMINISTRATION OF PNEUMOCOCCAL VACCINE | 41.00 | 41.00 |
| G0010 | ADMINISTRATION OF HEPATITIS B VACCINE | 41.00 | 41.00 |
| G0250 | PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING | 20.00 | 20.00 |
| G0402 | INITIAL PREVENTIVE PHYSICAL EXAMINATION, FIRST 12 MONTHS OF MEDICARE ENROLLMENT | 273.00 | 321.00 |
| G0438 | ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT | 350.00 | 350.00 |
| G0439 | ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT | 234.00 | 234.00 |
| J0696 | INJECTION, CEFTRIAOXONE SODIUM, PER 250 MG | 2.30 | 2.30 |
| J1030 | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG | 9.50 | 9.50 |
| J1050 | INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG | 0.40 | 0.40 |
| J1070 | INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG | 8.10 | 8.10 |
| J1080 | INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG | 11.20 | 11.20 |
| J1100 | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG | 0.20 | 0.20 |
| J1580 | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG | 2.00 | 2.00 |
| J1815 | INJECTION, INSULIN, PER 5 UNITS | 0.90 | 0.90 |
| J1885 | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG | 0.70 | 0.70 |
| J2280 | INJECTION, MOXIFLOXACIN, 100 MG | 6.30 | 6.30 |
| J2405 | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG | 0.40 | 0.40 |
| J2550 | INJECTION, PROMETHAZINE HCL, UP TO 50 MG | 3.80 | 3.80 |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG | 5.10 | 5.10 |
| 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 |
| J7030 | INFUSION, NORMAL SALINE SOLUTION , 1000 CC | 1.00 | 1.00 |
| J7611 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG | 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 |
| J7614 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 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 |
| J7644 | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM | 1.00 | 1.00 |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG | 430.00 | 430.00 |
| 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 |
| Q2037 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN) | 27.00 | 27.00 |
| Q2038 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE) | 26.00 | 26.00 |

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Banner Medical Group

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

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- ⁽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.