



NP: OB/GYN/Women's Health

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 |
| 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 |
| 11100 | BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH | 108.00 | 223.00 |
| 11101 | BIOPSY OF EACH ADDITIONAL GROWTH OF SKIN, TISSUE, OR MOUTH | 55.00 | 71.00 |
| 11980 | INSERTION OF HORMONE PELLETS INTO TISSUE | 177.00 | 225.00 |
| 11981 | INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE | 182.00 | 291.00 |
| 11982 | REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE | 216.00 | 324.00 |
| 11983 | REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE | 385.00 | 481.00 |
| 56605 | BIOPSY OF EXTERNAL FEMALE GENITALS | 133.00 | 181.00 |
| 57160 | FITTING AND INSERTION OF VAGINAL SUPPORT DEVICE | 104.00 | 168.00 |
| 57170 | FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE | 106.00 | 142.00 |
| 57454 | BIOPSY AND SCRAPING OF THE CERVIX AND VAGINA USING AN ENDOSCOPE | 299.00 | 336.00 |
| 57455 | BIOPSY AND SCRAPING OF THE CERVIX AND VAGINA USING AN ENDOSCOPE | 244.00 | 313.00 |
| 57500 | BIOPSY OF CERVIX OR EXCISION OF LOCAL GROWTHS | 166.00 | 285.00 |
| 58100 | BIOPSY OF UTERINE LINING | 194.00 | 241.00 |
| 58300 | PLACEMENT OF INTRA-UTERINE DEVICE (IUD) FOR PREGNANCY PREVENTION | 113.00 | 158.00 |
| 58301 | REMOVAL OF INTRA-UTERINE DEVICE (IUD) FOR PREGNANCY PREVENTION | 150.00 | 210.00 |
| 58611AS | TYING OR INCISION OF FALLOPIAN TUBES AT TIME OF CESAREAN DELIVERY OR OTHER ABDOMINAL SURGERY (SURGICAL ASSIST BY NPP CHARGE ONLY) | 43.00 | 43.00 |
| 59025 | FETAL NON-STRESS TEST | 103.00 | 103.00 |
| 59300 | EPISIOTOMY OR VAGINAL REPAIR | 326.00 | 424.00 |
| 59400 | OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY | 4,135.00 | 4,135.00 |
| 59409AS | VAGINAL DELIVERY (SURGICAL ASSIST BY NPP CHARGE ONLY) | 406.00 | 406.00 |
| 59425 | PREDELIVERY CARE 4-6 VISITS | 709.00 | 922.00 |
| 59426 | PREDELIVERY CARE 7 OR MORE VISITS | 1,250.00 | 1,647.00 |
| 59430 | POST-DELIVERY CARE | 281.00 | 343.00 |
| 59514AS | CESARIAN DELIVERY (SURGICAL ASSIST BY NPP CHARGE ONLY) | 461.00 | 461.00 |

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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|--------------------------------------|--|--|--|
| 59610 | VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY | 4,357.00 | 4,357.00 |
| 76998 | ULTRASONIC GUIDANCE DURING SURGERY | 122.00 | 122.00 |
| 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 |
| J1050 | INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG | 0.40 | 0.40 |
| J2790 | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I. U.) | 168.70 | 168.70 |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE | 689.00 | 689.00 |
| J7302 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG | 1,416.00 | 1,416.00 |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES | 1,503.00 | 1,503.00 |
| Q0091 | SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY | 41.00 | 95.00 |
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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.