



Pain Management: Nonanesthesia

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
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
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
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, FIRST 30-74 MINUTES	194.00	208.00
99355	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, EACH ADDITIONAL 30 MINUTES	192.00	206.00
99356	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE, FIRST 30-74 MINUTES	191.00	191.00
99357	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE, EACH ADDITIONAL 30 MINUTES	191.00	191.00
20552	INJECTION OF TRIGGER POINTS IN 1 OR 2 MUSCLES	80.00	114.00
20553	INJECTION OF TRIGGER POINTS IN 3 OR MORE MUSCLES	90.00	130.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
27096	INJECTION PROCEDURE INTO SACROILIAC JOINT FOR IMAGING, ANESTHETIC, OR DRUG ADMINISTRATION USING IMAGING GUIDANCE	154.00	402.00
62310	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES INTO LOWER SPINE	225.00	502.00
62311	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES INTO UPPER OR MIDDLE SPINE	185.00	431.00
63650	IMPLANTATION OF SPINAL NEUROSTIMULATOR ELECTRODES	902.00	902.00
64405	INJECTION OF ANESTHETIC AGENT, GREATER OCCIPITAL NERVE	173.00	245.00
64421	INJECTION OF ANESTHETIC AGENT OF MULTIPLE RIB NERVES	200.00	425.00
64450	INJECTION OF ANESTHETIC AGENT, OTHER PERIPHERAL NERVE OR BRANCH	149.00	222.00
64483	INJECTION OF LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	238.00	538.00
64484	INJECTION OF LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	116.00	232.00
64490	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE	242.00	428.00
64491	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE	137.00	211.00
64492	INJECTION OF UPPER OR MIDDLE SPINE FACET JOINT USING IMAGING GUIDANCE	139.00	214.00
64493	INJECTION OF LOWER SPINE FACET JOINT USING IMAGING GUIDANCE	204.00	381.00
64494	INJECTION OF LOWER SPINE FACET JOINT USING IMAGING GUIDANCE	116.00	192.00
64495	INJECTION OF LOWER SPINE FACET JOINT USING IMAGING GUIDANCE	118.00	194.00
64510	INJECTION OF ANESTHETIC AGENT, SYMPATHETIC NERVE BUNDLE	152.00	293.00
64620	INJECTION OF AGENT TO DESTROY RIB NERVE	369.00	520.00

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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64633	INJECTION OF UPPER OR MIDDLE SPINAL FACET JOINT NERVE USING IMAGING GUIDANCE	511.00	981.00
64634	INJECTION OF EACH ADDITIONAL UPPER OR MIDDLE SPINAL FACET JOINT NERVE USING IMAGING GUIDANCE	153.00	450.00
64635	INJECTION OF LOWER OR SACRAL SPINAL FACET JOINT NERVE USING IMAGING GUIDANCE	500.00	964.00
64636	INJECTION OF EACH ADDITIONAL LOWER OR SACRAL SPINAL FACET JOINT USING IMAGING GUIDANCE	133.00	405.00
7700226	FLUOROSCOPIC IMAGING GUIDANCE FOR INSERTION OF DEVICE (PROFESSIONAL COMPONENT ONLY)	60.00	60.00
7700326	FLUOROSCOPIC GUIDANCE FOR SPINE OR SPINAL CANAL INJECTION (PROFESSIONAL COMPONENT ONLY)	65.00	65.00
0275T	REMOVAL OF LOWER SPINE BONE FOR DECOMPRESSION OF NEURAL ELEMENTS USING IMAGING GUIDANCE	2,090.00	2,090.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	9.50	9.50

⁽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.