



For questions regarding our prices, Please contact your provider's office

Banner Medical Group: Primary Care

The prices for our most common services are listed below. For a description, please visit www.BannerHealth.com/COPriceDescription.

HCPCS/CPT Code (1)	Description	Facility Price ⁽²⁾	Non-Facility Price ⁽³⁾
36415	Blood draw/venipuncture	\$6	\$6
81003QW	Urinalysis, automated test	\$7	\$7
85610QW	Prothrombin time (blood test, clotting time)	\$11	\$11
87880QW	Strep test (streptococcus, group a)	\$33	\$33
90471	Administration of one vaccine	\$51	\$51
90662	Flu vaccine, preservative free, enhanced immunogenicity (does not include vaccine administration charge)	\$86	\$86
90686	Flu vaccine, preservative free (does not include vaccine administration charge)	\$38	\$38
96372	Administer injection beneath the skin or into a muscle	\$51	\$51
99201	New patient office or other outpatient visit, problem focused/straightforward	\$108	\$108
99202	New patient office or other outpatient visit, expanded problem focused/straightforward	\$151	\$151
99203	New patient office or other outpatient visit, detailed/low complexity	\$218	\$218
99204	New patient office or other outpatient visit, comprehensive/moderate complexity	\$333	\$333
99205	New patient office or other outpatient visit, comprehensive/high complexity	\$417	\$417
99211	Established patient office or other outpatient visit, that may not require presence of physician or other qualified health care professional	\$80	\$80
99212	Established patient office or other outpatient visit, problem focused/straightforward	\$108	\$108
99213	Established patient office or other outpatient visit, problem focused/straightforward	\$147	\$147
99214	Established patient office or other outpatient visit, detailed/moderate complexity	\$217	\$217
99215	Established patient office or other outpatient visit, comprehensive/high complexity	\$292	\$292
99304	Initial nursing facility visit, detailed/comprehensive/straightforward/low	\$185	\$185
99305	Initial nursing facility visit, comprehensive/moderate complexity	\$263	\$263
99306	Initial nursing facility visit, comprehensive/high complexity	\$336	\$336
99307	Subsequent nursing facility visit, problem focused/straightforward	\$91	\$91
99308	Subsequent nursing facility visit, expanded problem focused/low complexity	\$140	\$140
99309	Subsequent nursing facility visit, detailed/moderate complexity	\$185	\$185
99310	Subsequent nursing facility visit, comprehensive/high complexity	\$274	\$274
99381	New patient preventive medicine evaluation, infant younger than 1 year	\$155	\$222
99382	New patient preventive medicine evaluation, infant younger than 1 year	\$165	\$233
99383	New patient preventive medicine evaluation, age 5 through 11 years	\$176	\$243
99384	New patient preventive medicine evaluation, age 12 through 17 years	\$207	\$274
99385	New patient preventive medicine evaluation, age 18 through 39 years	\$198	\$265
99386	New patient preventive medicine evaluation, age 40 through 64 years	\$241	\$308
99387	New patient preventive medicine evaluation, age 65 + years	\$259	\$333
99391	Established patient preventive medicine evaluation, infant younger than 1 year	\$142	\$200
99392	Established patient preventive medicine evaluation, age 1 through 4 years	\$155	\$214
99393	Established patient preventive medicine evaluation, age 5 through 11 years	\$155	\$213
99394	Established patient preventive medicine evaluation, age 12 through 17 years	\$176	\$234
99395	Established patient preventive medicine evaluation, age 18 through 39 years	\$181	\$239
99396	Established patient preventive medicine evaluation, age 40 through 64 years	\$197	\$255
99397	Established patient preventive medicine evaluation, age 65 + years	\$207	\$274
G0008	Administration of flu vaccine	\$38	\$38

⁽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 <u>Facility</u> 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 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.