PHYSICIAN GROUP OF ARIZONA - OVERALL DIRECT PRICING

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	51	84
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	97	143
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/LOW COMPLEXITY	85	125
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	253	318
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	324	396
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, THAT MAY NOT REQUIRE PRESENCE OF PHYSICIAN	18	39
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	50	84
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED LOW/COMPLEXITY	85	139
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE COMPLEXITY	152	206
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	213	277
99217	HOSPITAL OBSERVATION CARE, DISCHARGE	139	139
99218	INITIAL HOSPITAL OBSERVATION CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	188	188
99219	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/MODERATE COMPLEXITY	258	258
99220	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/HIGH COMPLEXITY	354	354
99221	INITIAL HOSPITAL INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	196	196
99222	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/MODERATE COMPLEXITY	265	389
99223	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	389	389
99224	SUBSEQUENT OBSERVATION CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	77	77
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	139	139
99226	SUBSEQUENT OBSERVATION CARE, DETAILED/HIGH COMPLEXITY	200	200
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	76	76
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	139	139
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, DETAILED/HIGH COMPLEXITY	199	199
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	139	139
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	205	205
99241	PATIENT OFFICE CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	155	155
99242	PATIENT OFFICE CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	155	155
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW COMPLEXITY	290	290
99244	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	398	398
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	530	530
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	217	238
99307	SUBSEQUENT NURSING FACILITY VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	84	84

99308	SUBSEQUENT NURSING FACILITY VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	131	131
99309	SUBSEQUENT NURSING FACILITY VISIT, DETAILED/MODERATE COMPLEXITY	172	172
99310	SUBSEQUENT NURSING FACILITY VISIT, COMPREHENSIVE/HIGH COMPLEXITY	256	256
99391	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	244	244
99392	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	22	272
99393	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	271	271
99394	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	298	298
99395	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	294	299
99396	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	327	327
99397	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	368	368
11100	BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH	98	205
17000	DESTRUCTION OF SKIN GROWTH	111	160
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	99	138
7101026	X-RAY OF CHEST, 1 VIEW, FRONT (PROFESSIONAL COMPONENT ONLY)	29	29
7102026	X-RAY OF CHEST, 2 VIEWS, FRONT AND SIDE (PROFESSIONAL COMPONENT ONLY)	40	40
7417726	CT SCAN OF ABDOMEN AND PELVIS (PROFESSIONAL COMPONENT ONLY)	529	529
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	38	38
G020226	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS (PROFESSIONAL FEE ONLY)	69	69
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL VAGINAL SMEAR TO LAB	54	75

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.

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