

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

## Hematology/Oncology

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 <sup>(1)</sup>	Description	Direct Pay <u>Facility</u> Price <sup>(2)</sup>	Direct Pay <u>Non-Facility</u> Price <sup>(3)</sup>
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	107.00	155.00
00202	FOCUSED/STRAIGHTFORWARD NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/LOW COMPLEXITY	163.00	225.00
99203 99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/LOW COMPLEXITY	275.00	345.00
	COMPLEXITY		
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	165.00	223.00
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	233.00	300.00
99217	HOSPITAL OBSERVATION CARE, DISCHARGE	151.00	151.00
99218	INITIAL HOSPITAL OBSERVATION CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	141.00	141.00
99219	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/MODERATE COMPLEXITY	234.00	234.00
99220	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/HIGH COMPLEXITY	327.00	327.00
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
99224	SUBSEQUENT OBSERVATION CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	61.00	61.00
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	107.00	107.00
99226	SUBSEQUENT OBSERVATION CARE, DETAILED/HIGH COMPLEXITY	161.00	161.00
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
99241	PATIENT OFFICE CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	71.00	102.00
99242	PATIENT OFFICE CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	147.00	191.00
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW COMPLEXITY	205.00	260.00
99244	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	324.00	384.00
99245	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	402.00	470.00
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
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	51.00	51.00
38206	COLLECTION OF STEM CELLS FOR TRANSPLANTATION	177.00	177.00
38220	BONE MARROW ASPIRATION	134.00	330.00
38221	NEEDLE OR TROCAR BONE MARROW BIOPSY	165.00	356.00
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME INCISION ON THE SAME DATE OF SERVICE	20.00	27.00
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	0.10	0.10
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	3.00	3.00
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	2.30	2.30
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	6.00	6.00

Prices are subject to change without notice. If this is a printed copy of this document, please visit <u>www.bannerhealth.com/DirectPayPriceDescription</u> to validate current prices.



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HCPCS/ CPT		Direct Pay <u>Facility</u>	Direct Pay Non-Facility
Code <sup>(1)</sup>	Description	Price <sup>(2)</sup>	Price (3)
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	20.00	20.00
J0897	INJECTION, DENOSUMAB, 1 MG	29.00	29.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.20
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1.60	1.60
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	466.90	466.90
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	733.70	733.70
J1453	INJECTION, FOSAPREPITANT, 1 MG	4.00	4.00
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	5.00	5.00
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	1.00	1.00
J2150	INJECTION, MANNITOL, 25% IN 50 ML	2.00	2.00
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	224.10	224.10
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.40
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	38.00	38.00
J2450 J2469	INJECTION, PALONOSETRON HCL, 25 MCG	36.90	36.90
J2403		4,930.50	4,930.50
J2505 J2796	INJECTION, PEGFILGRASTIM, 6 MG		,
	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	90.30	90.30
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	1.00	1.00
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	1.00	1.00
J3487	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	446.20	446.20
J3490FAMO	FAMOTIDINE 10MG/1ML 2ML INJ	1.00	1.00
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	1.00	1.00
19000	INJECTION, DOXORUBICIN HCL, 10 MG	8.00	8.00
J9025	INJECTION, AZACITIDINE, 1 MG	10.30	10.30
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	38.00	38.00
J9035	INJECTION, BEVACIZUMAB, 10 MG	116.90	116.90
J9041	INJECTION, BORTEZOMIB, 0. 1 MG	78.60	78.60
J9045	INJECTION, CARBOPLATIN, 50 MG	10.00	10.00
J9055	INJECTION, CETUXIMAB, 10 MG	100.00	100.00
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	5.00	5.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	12.00	12.00
J9130	DACARBAZINE, 100 MG	9.00	9.00
J9171	INJECTION, DOCETAXEL, 1 MG	36.10	36.10
J9179	INJECTION, ERIBULIN MESYLATE, 0. 1 MG	180.10	180.10
J9181	INJECTION, ETOPOSIDE, 10 MG	2.00	2.00
J9190	INJECTION, FLUOROURACIL, 500 MG	4.00	4.00
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	296.80	296.80
J9206	INJECTION, IRINOTECAN, 20 MG	27.00	27.00
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7. 5 MG	430.00	430.00
J9228	INJECTION, IPILIMUMAB, 1 MG	250.40	250.40
J9263	INJECTION, OXALIPLATIN, 0. 5 MG	20.00	20.00
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	19.00	19.00
J9265	INJECTION, PACLITAXEL, 30 MG	19.00	19.00
J9203	INJECTION, PACITIALE, SO MIG	174.80	174.80
J9305	INJECTION, PEMETREXED, 10 MG	174.80	174.80
	INJECTION, PEMETREXED, 10 MG		
J9310		1,187.80	1,187.80
J9315	INJECTION, ROMIDEPSIN, 1 MG	452.10	452.10
J9351	INJECTION, TOPOTECAN, 0. 1 MG	54.70	54.70
J9355	INJECTION, TRASTUZUMAB, 10 MG	136.60	136.60
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	3.30	3.30
J9370	VINCRISTINE SULFATE, 1 MG	12.00	12.00
J9390	INJECTION, VINORELBINE TARTRATE, 10 MG	25.00	25.00
J9395	INJECTION, FULVESTRANT, 25 MG	166.10	166.10



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- <sup>(1)</sup> 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 <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 Direct Pay <u>Non-Facility</u> Price is applicable when services are provided in a non-facility setting; for example, a physician's office or a patient's home.