



Pediatrics: 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 ⁽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
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
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
99234	HOSPITAL OBSERVATION OR INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	287.00	287.00
99235	HOSPITAL OBSERVATION OR INPATIENT CARE, COMPREHENSIVE/MODERATE COMPLEXITY	374.00	374.00
99236	HOSPITAL OBSERVATION OR INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	465.00	465.00
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	151.00	151.00
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	221.00	221.00
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
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
36416	PUNCTURE OF SKIN FOR COLLECTION OF BLOOD SAMPLE	9.00	9.00
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	51.00	51.00
36592	COLLECTION OF BLOOD SPECIMEN FROM CENTRAL OR PERIPHERAL VENOUS CATHETER	57.00	57.00
36593	DECLOTTING INFUSION OF IMPLANTED CENTRAL VENOUS ACCESS DEVICE OR CATHETER	64.00	64.00

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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38220	BONE MARROW ASPIRATION	134.00	330.00
38221	NEEDLE OR TROCAR BONE MARROW BIOPSY	165.00	356.00
62270	SPINAL TAP FOR DIAGNOSIS	172.00	338.00
94760	MEASUREMENT OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE	6.00	6.00
96450	CHEMOTHERAPY ADMINISTRATION INTO SPINAL CANAL REQUIRING SPINAL TAP	186.00	433.00
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO LABORATORY	12.00	12.00
J0692	INJECTION, CEFEPIME HCL, 500 MG	8.00	8.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	1.00	1.00
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1.60	1.60
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	6.90	6.90
J2185	INJECTION, MEROPENEM, 100 MG	3.30	3.30
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.40
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	167.50	167.50
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	77.50	77.50
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	7.00	7.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	1.00	1.00
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	2.00	2.00
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	1.00	1.00
J9000	INJECTION, DOXORUBICIN HCL, 10 MG	8.00	8.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	12.00	12.00
J9181	INJECTION, ETOPOSIDE, 10 MG	2.00	2.00
J9260	METHOTREXATE SODIUM, 50 MG	3.80	3.80
J9370	VINCRIStINE SULFATE, 1 MG	12.00	12.00
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	0.20	0.20

⁽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.