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

## Pediatrics: Neurology

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, FROBELM FOCOSED, STRAIGHT ORWARD	107.00	155.00
JJ202	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, DETAILED/LOW COMILEXITY	275.00	345.00
JJ204	COMPLEXITY	275.00	545.00
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	20.00	43.00
33211	PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	20.00	45.00
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM	55.00	90.00
	FOCUSED/STRAIGHTFORWARD	55.00	50.00
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM	108.00	150.00
	FOCUSED/LOW COMPLEXITY	100.00	150.00
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE	165.00	223.00
JJZ14	COMPLEXITY	105.00	225.00
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH	233.00	300.00
55215	COMPLEXITY	233.00	500.00
99221	INITIAL HOSPITAL INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW	211.00	211.00
55221	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	61.00	61.00
55224	COMPLEXITY	01.00	01.00
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	107.00	107.00
99226	SUBSEQUENT OBSERVATION CARE, EXTANDED HODELM FOCUSED/MODERATE COMPLEXITY	161.00	161.00
99231	SUBSEQUENT OBSERVATION CARE, PETALED/HIGH COMPELATIT	84.00	84.00
39231	COMPLEXITY	84.00	84.00
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, EXPANDED PROBLEM FOCUSED/MODERATE	152.00	152.00
55252	COMPLEXITY	152.00	132.00
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, EXTAILED / NODELINF OCOSED/STRAIGHT ONWARD	205.00	260.00
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW 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
62270	SPINAL TAP FOR DIAGNOSIS	172.00	338.00
95812	MEASUREMENT OF BRAIN WAVE (EEG) ACTIVITY, 41-60 MINUTES	687.00	687.00
9581226	MEASUREMENT OF BRAIN WAVE (EEG) ACTIVITY, 41-60 MINUTES (PROFESSIONAL	118.00	118.00
	COMPONENT ONLY)		
9581326	MEASUREMENT OF BRAIN WAVE (EEG) ACTIVITY GREATER THAN 1 HOUR (PROFESSIONAL	188.00	188.00
	COMPONENT ONLY)		
95816	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND DROWSY	636.00	636.00
9581626	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND DROWSY	119.00	119.00
	(PROFESSIONAL COMPONENT ONLY)		
95819	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND ASLEEP	710.00	710.00
9581926	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, AWAKE AND ASLEEP	118.00	118.00
	(PROFESSIONAL COMPONENT ONLY)		
95822	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, IN COMA OR ASLEEP	663.00	663.00
9582226	MEASUREMENT AND RECORDING OF BRAIN WAVE (EEG) ACTIVITY, IN COMA OR ASLEEP	118.00	118.00
	(PROFESSIONAL COMPONENT ONLY)		
95950	MONITORING AND LOCALIZATION OF SEIZURE ACTIVITY OVER 24-HOUR PERIOD USING	590.00	590.00

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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## Pediatrics: Neurology

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HCPCS/ CPT		Direct Pay Facility	Direct Pay <u>Non-Facility</u>
Code <sup>(1)</sup>	Description	Price <sup>(2)</sup>	Price <sup>(3)</sup>
	ELECTROENCEPHALOGRAPH (EEG)		
9595026	MONITORING AND LOCALIZATION OF SEIZURE ACTIVITY OVER 24-HOUR PERIOD USING	166.00	166.00
	ELECTROENCEPHALOGRAPH (EEG) (PROFESSIONAL COMPONENT ONLY)		
9595126	MONITORING AND LOCALIZATION OF SEIZURE ACTIVITY OVER 24-HOUR PERIOD USING 16-	675.00	675.00
	CHANNEL ELECTROENCEPHALOGRAPH (EEG) (PROFESSIONAL COMPONENT ONLY)		
95953	MONITORING AND LOCALIZATION OF SEIZURE ACTIVITY OVER 24-HOUR PERIOD USING	899.00	899.00
	PORTABLE 16-CHANNEL ELECTROENCEPHALOGRAPH (EEG)		
95970	ELECTRONIC ANALYSIS OF IMPLANTED SIMPLE OR COMPLEX BRAIN SPINAL CORD OR	51.00	129.00
	PERIPHERAL NEUROSTIMULATOR GENERATOR SYSTEM		
95974	ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX CRANIAL	336.00	402.00
	NEUROSTIMULATOR GENERATOR SYSTEM DURING OR SUBSEQUENT TO SURGERY FIRST HOUR		

<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.

 <sup>(2)</sup> 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.