



**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](http://www.bannerhealth.com/DirectPayPriceDescription).

HCPCS/ CPT Code <sup>(1)</sup>	Description	Direct Pay Facility Price <sup>(2)</sup>	Direct Pay Non-Facility 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 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
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 [www.bannerhealth.com/DirectPayPriceDescription](http://www.bannerhealth.com/DirectPayPriceDescription) to validate current prices.



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Table with 4 columns: HCPCS/CPT Code, Description, Direct Pay Facility Price, and Direct Pay Non-Facility Price. It lists various medical services such as injections and infusions with their corresponding prices.



**Banner Health**<sup>®</sup>

**Banner Medical Group**

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

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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.
- <sup>(2)</sup> 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.
- <sup>(3)</sup> 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.