



Pediatrics: Pulmonology

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
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
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
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
99406	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING	26.00	30.00
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING	54.00	58.00
31622	PLACEMENT OF RADIATION THERAPY MARKERS IN LUNG AIRWAYS USING AN ENDOSCOPE	321.00	683.00
31623	EXAMINATION OF LUNG AIRWAYS USING AN ENDOSCOPE	321.00	734.00
31624	IRRIGATION AND SUCTION OF LUNG AIRWAYS TO OBTAIN CELLS USING AN ENDOSCOPE	322.00	685.00
31625	BIOPSY OF LUNG AIRWAYS USING AN ENDOSCOPE	373.00	736.00
31720	INSERTION OF CATHETER FOR SUCTION OF SECRETIONS	113.00	113.00
94010	MEASUREMENT AND GRAPHIC RECORDING OF TOTAL AND TIMED EXHALED AIR CAPACITY	77.00	77.00
94060	MEASUREMENT AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFORE AND FOLLOWING MEDICATION ADMINISTRATION	133.00	133.00
9406026	MEASUREMENT AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFORE AND FOLLOWING MEDICATION ADMINISTRATION (PROFESSIONAL COMPONENT ONLY)	32.00	32.00
94375	DIAGNOSTIC TESTING IN A PULMONARY FUNCTION LAB	85.00	85.00
94620	PULMONARY EXERCISE TESTING	138.00	138.00
94640	RESPIRATORY INHALED PRESSURE OR NONPRESSURE TREATMENT TO RELIEVE AIRWAY OBSTRUCTION OR FOR SPUTUM SPECIMEN	35.00	35.00
94664	DEMONSTRATION OR EVALUATION OF PATIENT USE OF AEROSOL GENERATOR, NEBULIZER,	35.00	35.00

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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	METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE		
94726	DETERMINATION OF LUNG VOLUMES USING PLETHYSMOGRAPHY	117.00	117.00
94729	MEASUREMENT OF LUNG DIFFUSING CAPACITY	116.00	116.00
94760	MEASUREMENT OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE	6.00	6.00
94761	MULTIPLE MEASUREMENTS OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE	10.00	10.00
94762	OVERNIGHT MEASUREMENT OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE	56.00	56.00
94777	PEDIATRIC HOME MONITORING OF BREATHING PAUSES DURING SLEEP, INCLUDING BREATHING AND HEART RATE, PHYSICIAN REVIEW AND INTERPRETATION, 30-DAY TIME PERIOD	171.00	171.00
95012	MEASUREMENT OF INHALED NITRIC OXIDE GAS	45.00	45.00
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO LABORATORY	12.00	12.00
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	6.00	6.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	1.00	1.00
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1.00	1.00

⁽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.