



**Surgery: 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
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
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
11100	BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH	108.00	223.00
11603	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	420.00	599.00
11606	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	683.00	941.00
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS	424.00	658.00
19303	TOTAL REMOVAL OF BREAST	2,116.00	2,116.00
27337	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	924.00	924.00
36561	INSERTION OF CATHETER IN VEIN AND IMPLANTED DEVICE FOR INFUSION	788.00	2,597.00
38500	BIOPSY OR REMOVAL OF LYMPH NODES	541.00	697.00
38510	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK	913.00	1,117.00
38525	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK	922.00	922.00
38792	INJECTION OF RADIOACTIVE DYE FOR X-RAY IDENTIFICATION OF LYMPH NODE	88.00	88.00
38900	LYMPH NODE IMAGING DURING SURGERY	299.00	299.00
44970	REMOVAL OF APPENDIX USING AN ENDOSCOPE	1,275.00	1,275.00
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE	1,590.00	1,590.00
7699826	ULTRASONIC GUIDANCE DURING SURGERY (PROFESSIONAL COMPONENT ONLY)	143.00	143.00
7700126	FLUOROSCOPIC GUIDANCE FOR INSERTION OF DEVICE INTO VEIN (PROFESSIONAL COMPONENT ONLY)	43.00	43.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	41.00	95.00

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.



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

**Surgery: 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>
	OR VAGINAL SMEAR TO LABORATORY		

<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.