



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

## **Surgery: Neurological**

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit <a href="https://www.bannerhealth.com/DirectPayPriceDescription">www.bannerhealth.com/DirectPayPriceDescription</a>.

HCPCS/ CPT		Direct Pay <u>Facility</u>	Direct Pay Non-Facility
Code (1)	Description	Price (2)	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
20937	HARVEST OF BONE FRAGMENTS FOR SPINE SURGERY GRAFT	372.00	372.00
22551	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPROACH	3,776.00	3,776.00
22612	FUSION OF LOWER SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	3,464.00	3,464.00
22614	FUSION OF SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH, ADDITIONAL INTERSPACE	868.00	868.00
22840	INSERTION OF SPINAL INSTRUMENTATION AT BASE OF NECK FOR STABILIZATION, 1 INTERSPACE	1,692.00	1,692.00
22842	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 3 TO 6 VERTEBRAL SEGMENTS	1,695.00	1,695.00
22845	INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 2 TO 3 VERTEBRAL SEGMENTS	1,632.00	1,632.00
61154	ASPIRATION OF BLOOD ACCUMULATION IN BRAIN	2,730.00	2,730.00
61312	ASPIRATION OF BLOOD ACCUMULATION IN BRAIN	4,514.00	4,514.00
61512	REMOVAL OF BRAIN TUMOR	5,550.00	5,550.00
61781	COMPUTER-ASSISTED PROCEDURE INSIDE THE BRAIN	527.00	527.00
61867	IMPLANTATION OF BRAIN NEUROSTIMULATOR ELECTRODES MICROELECTRODE RECORDING	4,969.00	4,969.00
61868	IMPLANTATION OF BRAIN NEUROSTIMULATOR ELECTRODES WITH MICROELECTRODE RECORDING	1,107.00	1,107.00
61885	INSERTION OR REPLACEMENT OF BRAIN NEUROSTIMULATOR GENERATOR OR RECEIVER	1,175.00	1,175.00





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

## **Surgery: Neurological**

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit <a href="https://www.bannerhealth.com/DirectPayPriceDescription">www.bannerhealth.com/DirectPayPriceDescription</a>.

HCPCS/ CPT		Direct Pay <u>Facility</u>	Direct Pay Non-Facility
Code (1)	Description	Price (2)	Price (3)
61886	INSERTION OR REPLACEMENT OF BRAIN NEUROSTIMULATOR GENERATOR OR RECEIVER	1,795.00	1,795.00
62223	CREATION OF BRAIN FLUID DRAINAGE SHUNT	2,269.00	2,269.00
62252	REPROGRAMMING OF PROGRAMMABLE BRAIN AND SPINAL FLUID SHUNT	200.00	200.00
63030	PARTIAL REMOVAL OF BONE WITH RELEASE OF SPINAL CORD OR SPINAL NERVES OF 1	2,090.00	2,090.00
	INTERSPACE IN LOWER SPINE		
63035	PARTIAL REMOVAL OF BONE WITH RELEASE OF SPINAL CORD OR SPINAL NERVES EACH	426.00	426.00
	ADDITIONAL INTERSPACE IN UPPER OR LOWER SPINE		
63042	RE-EXPLORATION OF SPINE REPAIR WITH RELEASE OF SPINAL CORD OR NERVES	2,819.00	2,819.00
63047	PARTIAL REMOVAL OF MIDDLE SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES	2,380.00	2,380.00
63048	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF SPINAL CORD OR NERVES	470.00	470.00

<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.