



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

## **Surgery: Neurological-Pediatric**

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

| HCPCS/<br>CPT<br>Code <sup>(1)</sup> | Description  | Direct Pay <u>Facility</u> 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<br>99255                       | INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY            | 347.00<br>419.00                     | 347.00<br>419.00                  |
| 13122                                | REPAIR OF WOUND (5 CENTIMETERS OR LESS) OF SCALP, ARMS, OR LEGS  | 189.00                               | 258.00                            |
| 61070                                | ASPIRATION OR INJECTION OF CEREBROSPINAL FLUID SHUNT TUBING OR RESERVOIR   | 181.00                               | 181.00                            |
| 61210                                | IMPLANTATION OF BRAIN CATHETER, RESERVOIR, EEG ELECTRODES, PRESSURE OR OTHER MONITORING DEVICE   | 814.00                               | 814.00                            |
| 61343                                | EXCISION OF SKULL BASE AND UPPER SPINE TO RELEASE SPINAL CORD  | 4,776.00                             | 4,776.00                          |
| 61500                                | REMOVAL OF BRAIN TUMOR OR OTHER SKULL BONE LESION  | 2,903.00                             | 2,903.00                          |
| 61781                                | COMPUTER-ASSISTED PROCEDURE INSIDE THE BRAIN   | 527.00                               | 527.00                            |
| 62160                                | INSERTION OF BRAIN FLUID SHUNT CATHETER USING AN ENDOSCOPE   | 419.00                               | 419.00                            |
| 62223                                | CREATION OF BRAIN FLUID DRAINAGE SHUNT   | 2,269.00                             | 2,269.00                          |
| 62225                                | REPLACEMENT OR IRRIGATION OF BRAIN FLUID DRAINAGE SHUNT CATHETER   | 1,104.00                             | 1,104.00                          |
| 62230                                | REPLACEMENT OR REVISION OF BRAIN FLUID DRAINAGE SHUNT VALVE OR CATHETER  | 1,815.00                             | 1,815.00                          |
| 62252                                | REPROGRAMMING OF PROGRAMMABLE BRAIN AND SPINAL FLUID SHUNT   | 200.00                               | 200.00                            |
| 62258                                | REMOVAL AND REPLACEMENT OF BRAIN AND SPINAL FLUID SHUNT SYSTEM   | 2,429.00                             | 2,429.00                          |
| 62370                                | ELECTRONIC ANALYSIS REPROGRAMMING AND REFILL OF SPINAL CANAL DRUG INFUSION PUMP BY PHYSICIAN   | 102.00                               | 283.00                            |
| 63200                                | REMOVAL OF LOWER SPINE BONE WITH RELEASE OF FRAYED SPINAL CORD   | 3,297.00                             | 3,297.00                          |
| 64568                                | IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES AND GENERATOR   | 1,396.00                             | 1,396.00                          |
| 64614                                | INJECTION OF CHEMICAL FOR DESTRUCTION OF ARMS LEGS AND/OR TORSO MUSCLES  | 331.00                               | 381.00                            |
| 69990                                | USE OF OPERATING MICROSCOPE  | 478.00                               | 478.00                            |
| 9587426                              | NEEDLE MEASUREMENT AND RECORDING OF ELECTRICAL ACTIVITY OF MUSCLES FOR   | 42.00                                | 42.00                             |





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| HCPCS/<br>CPT<br>Code (1) | Description  | Direct Pay<br><u>Facility</u><br>Price <sup>(2)</sup> | Direct Pay<br><u>Non-Facility</u><br>Price (3) |
|---------------------------|--|---|--|
|                           | GUIDANCE WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF MUSCLES (PROFESSIONAL COMPONENT ONLY)   |   |  |
| 95972                     | ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX SPINAL CORD NEUROSTIMULATOR GENERATOR SYSTEM DURING OR SUBSEQUENT TO SURGERY FIRST HOUR | 169.00  | 231.00   |
| 95974                     | ELECTRONIC ANALYSIS AND PROGRAMMING OF IMPLANTED COMPLEX CRANIAL NEUROSTIMULATOR GENERATOR SYSTEM DURING OR SUBSEQUENT TO SURGERY FIRST HOUR     | 336.00  | 402.00   |
| J0475                     | INJECTION, BACLOFEN, 10 MG   | 407.90  | 407.90   |
|                           |  |   |  |

<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.