



Surgery: Neurological

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.

Table with 4 columns: HCPCS/CPT Code, Description, Direct Pay Facility Price, and Direct Pay Non-Facility Price. It lists various surgical procedures such as patient office visits, hospital inpatient care, consultations, and spine surgery with their respective prices.

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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HCPCS/ CPT Code <sup>(1)</sup>	Description	Direct Pay Facility Price <sup>(2)</sup>	Direct Pay Non-Facility Price <sup>(3)</sup>
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 INTERSPACE IN LOWER SPINE	2,090.00	2,090.00
63035	PARTIAL REMOVAL OF BONE WITH RELEASE OF SPINAL CORD OR SPINAL NERVES EACH ADDITIONAL INTERSPACE IN UPPER OR LOWER SPINE	426.00	426.00
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.