



**Surgery: Plastic & Reconstruction**

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
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
11042	REMOVAL OF SKIN AND TISSUE FIRST 20 SQ CM OR LESS	104.00	189.00
11043	REMOVAL OF SKIN AND MUSCLE FIRST 20 SQ CM OR LESS	267.00	416.00
11044	REMOVAL OF SKIN AND BONE FIRST 20 SQ CM OR LESS	461.00	632.00
11045	REMOVAL OF SKIN AND TISSUE EACH ADDITIONAL 20 SQ CM OR PART THEREOF	40.00	68.00
11046	REMOVAL OF SKIN AND MUSCLE EACH ADDITIONAL 20 SQ CM OR PART THEREOF	84.00	118.00
11441	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH	280.00	354.00
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	1,323.00	1,323.00
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, OR LEGS	424.00	658.00
12051	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH	396.00	577.00
13101	REPAIR OF WOUND (2.6 CENTIMETERS TO 7.5 CENTIMETERS) OF TRUNK	622.00	857.00
13102	REPAIR OF WOUND (5 CENTIMETERS OR LESS) OF TRUNK	165.00	234.00
14060	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF EYELIDS, NOSE, EARS, OR LIPS	1,489.00	1,687.00
15002	PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR 1% BODY AREA INFANTS AND CHILDREN)	492.00	723.00
15271	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, LEGS (FIRST 25 SQ CM OR LESS)	191.00	313.00

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.



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15734	MUSCLE FLAP WOUND REPAIR AT TRUNK	2,935.00	3,303.00
15777	IMPLANTATION OF BIOLOGIC IMPLANT TO SOFT TISSUE	464.00	464.00
19318	REPOSITIONING OF BREAST ON CHEST	2,438.00	2,438.00
19340	INSERTION OF BREAST PROSTHESIS AT TIME OF BREAST REPOSITIONING, REMOVAL OR RECONSTRUCTION	1,896.00	1,896.00
19357	INSERTION OF TISSUE EXPANDER IN BREAST	3,220.00	3,220.00
19370	INCISION OF CAPSULE SURROUNDING BREAST WITH FREEING OF SCAR TISSUE	1,492.00	1,492.00
19380	REVISION OF RECONSTRUCTED BREAST	1,682.00	1,682.00

<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.