



Surgery: Thoracic (Primary)

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.

HCPCS/ CPT Code ⁽¹⁾	Description	Direct Pay Facility 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
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
10060	DRAINAGE OF ABSCESS	200.00	237.00
10180	DRAINAGE OF WOUND INFECTION AFTER SURGERY	382.00	510.00
13160	SECOND REPAIR OF SURGICAL WOUND	1,750.00	1,750.00
21750	REPAIR OF SEPARATION OF CHEST BONE	1,546.00	1,546.00
32096	BIOPSY OF FLUID COLLECTION IN LUNG	1,789.00	1,789.00
33202	INSERTION OF ELECTRODES TO OUTER LAYER OF HEART	1,754.00	1,754.00
33212	INSERTION OF PACEMAKER PULSE GENERATOR WITH EXISTING SINGLE LEAD	778.00	778.00
33213	INSERTION OF PACEMAKER PULSE GENERATOR WITH EXISTING DUAL LEADS	888.00	888.00
33224	INSERTION OF LEFT HEART ELECTRODE WITH ATTACHMENT TO PACEMAKER OR PACING DEFIBRILLATOR DEVICE	1,169.00	1,169.00
33230	INSERTION OF PACING DEFIBRILLATOR PULSE GENERATOR WITH EXISTING DUAL LEADS	835.00	835.00
33243	REMOVAL OF RIGHT HEART PACING DEFIBRILLATOR ELECTRODES	3,111.00	3,111.00
33422	REMOVAL OF VALVE SCAR TISSUE BETWEEN LEFT HEART CHAMBERS ON HEART-LUNG MACHINE	3,846.00	3,846.00
33430	REPLACEMENT OF VALVE BETWEEN LEFT UPPER AND LOWER CHAMBERS ON HEART-LUNG MACHINE	6,388.00	6,388.00
33463	REPAIR OF VALVE BETWEEN RIGHT UPPER AND LOWER HEART CHAMBERS	6,986.00	6,986.00
33530	REOPERATION OF HEART ARTERY BYPASS OR VALVE PROCEDURE	1,196.00	1,196.00
33608	REPAIR OF CONGENITAL DEFECT IN RIGHT OR LEFT HEART CHAMBER	4,083.00	4,083.00
33611	REPAIR OF DOUBLE OUTLET RIGHT HEART CHAMBER	4,467.00	4,467.00
33612	ENLARGEMENT OF CONGENITAL DEFECT IN WALL BETWEEN TWO LOWER HEART CHAMBERS	4,483.00	4,483.00
33622	RECONSTRUCTION OF COMPLEX CARDIAC DEFECTS	7,910.00	7,910.00
33641	REMOVAL OF CONGENITAL EXTRA HEART CHAMBER	3,720.00	3,720.00
33647	REPAIR OF CONGENITAL DEFECT IN WALL BETWEEN BOTH UPPER AND LOWER HEART CHAMBER	3,854.00	3,854.00
33670	REPAIR OF CONGENITAL VALVE DEFECT BETWEEN UPPER AND LOWER HEART CHAMBER	4,520.00	4,520.00
33681	CLOSURE OF CONGENITAL SINGLE OPENING IN WALL BETWEEN LOWER HEART CHAMBERS	4,178.00	4,178.00
33690	BANDING PULMONARY (LUNG) ARTERY	2,762.00	2,762.00
33724	REPAIR OF ABNORMAL LUNG VEIN BLOOD RETURN TO LEFT UPPER HEART CHAMBER	3,512.00	3,512.00
33730	REPAIR OF ABNORMAL PULMONARY (LUNG) VEIN BLOOD FLOW TO LEFT UPPER HEART CHAMBER	4,512.00	4,512.00
33750	PLACEMENT OF SHUNT FROM A CHEST ARTERY TO PULMONARY (LUNG) ARTERY	3,122.00	3,122.00
33767	PLACEMENT OF SHUNT FROM VENA CAVA TO PULMONARY (LUNG) ARTERY TO IMPROVE BLOOD FLOW TO LUNG	3,224.00	3,224.00

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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33768	REMOVAL OF CONGENITAL EXTRA VENA CAVA	883.00	883.00
33820	TYING OFF CONGENITAL BLOOD FLOW TRACT DEFECT	2,217.00	2,217.00
33840	REPAIR OF CONGENITAL NARROWING OF AORTA AND PULMONARY (LUNG) ARTERY TO AORTA	2,863.00	2,863.00
33853	REPAIR OF ABNORMAL AORTIC ARCH ON HEART-LUNG MACHINE	4,234.00	4,234.00
33924	DISCONNECTION OF BLOOD VESSEL SHUNT SYSTEM USED TO REPAIR A CONGENITAL HEART DEFECT	647.00	647.00
93312	INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION INCLUDING INTERPRETATION AND REPORT	706.00	706.00

⁽¹⁾ 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.

⁽²⁾ 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.

⁽³⁾ 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.