

Outpatient Transfusion Special Pricing

Procedure	CPT/HCPCS Code	Description	Prompt Pay Price ⁽¹⁾
Irradiated Red Blood Cell Transfusion	36430	Transfusion, blood or blood components	
		and one of the following	
	P9040	Red blood cells, leukocytes reduced, irradiated,	\$1,500
		each unit	
	P9057	Red blood cells, frozen/deglycerolized/washed,	
		leukocytes reduced, irradiated, each unit	
Irradiated Platelet Transfusion	36430	Transfusion, blood or blood components	\$2,500
	P9037	Platelets, pheresis, leukocytes reduced, irradiated,	
		each unit	
Neupogen Transfusion	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION	\$800
		SUBQ/IM	
	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1	
		microgram	

The above prices do not include physicians' fees, which may be charged by your surgeon, anesthesiologist, pathologist or radiologist. Please contact your physicians' offices and health insurance provider directly for price information.

⁽¹⁾ Prompt Pay Price is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.