

Rate Update: Specified Apheresis Procedures

Effective retroactively for dates of service on or after January 1, 2018, reimbursement rates have increased for the following CPT-4 codes:

- 36511 - THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS
- 36512 - THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS
- 36513 - THERAPEUTIC APHERESIS, FOR PLATELETS
- 36514 - THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS
- 36516 - THERAPEUTIC APHERESIS; W/ EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION & PLASMA REINF
- 36522 - PHOTOPHERESIS, EXTRACORPOREAL

For complete details, please refer to the following link:

<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201806.asp#a16>