

ONEBLOOD FEE LIST  
EFFECTIVE JANUARY 1, 2024

<u>ITEM NUMBER</u>	<u>ITEM DESCRIPTION</u>	<u>FEES</u>
<b><u>BLOOD COMPONENTS</u></b>		
20100	Whole Blood NLR	\$ 359.81
20101	Whole Blood Leukoreduced	\$ 433.84
20173	Whole Blood Autologous Leukoreduced	\$ 461.96
20180	Whole Blood Low Titer O Pos	\$ 506.00
20181	Low Titer Whole Blood Attribute	\$ 141.93
20201	Red Blood Cells Leukoreduced	\$ 224.34
20220	Red Blood Cells Leukoreduced Deglycerolized	\$ 439.85
20222	Red Blood Cells Leukoreduced Irradiated	\$ 273.78
20223	Red Blood Cells Leukoreduced Low Volume	\$ 195.79
20227	Red Blood Cells Leukoreduced Washed	\$ 351.65
20239	Red Blood Cells Leukoreduced Irradiated Washed	\$ 401.09
20255	Red Blood Cells Leukoreduced Processing - Infant (PediCells - CMV Neg.,)	\$ 160.79
20273	Red Blood Cells Autologous Leukoreduced	\$ 252.46
20358	Platelet Pheresis Pedi-W	\$ 151.60
20500	Cryoprecipitate	\$ 56.52
21407	Pooled Cryoprecipitate (5)	\$ 320.49
21408	Pooled Cryoprecipitate (10)	\$ 589.86
21700	Fresh Frozen Plasma	\$ 62.97
21703	Fresh Frozen Plasma Cryo-removed	\$ 58.34
21800	Fresh Frozen Plasma 0-24	\$ 62.97
21859	Fresh Frozen Plasma - Infant Dose (PediPlasma Processing)	\$ 77.59
23400	Plasma (Liquid)	\$ 62.97
23402	Plasma (Liquid) Irradiated	\$ 112.41
24557	Apheresis Platelets (SDP) PRT Leukoreduced	\$ 699.77
24559	Apheresis Platelets (SDP) PRT Leukoreduced Low Volume	\$ 619.96
24561	Apheresis Platelets (SDP) PRT Leukoreduced in PAS	\$ 699.77
24562	Apheresis Platelets (SDP) PRT Leukoreduced Irradiated in PAS	\$ 749.21
24563	Apheresis Platelets (SDP) PRT Leukoreduced Low Volume in PAS	\$ 619.96
24570	Apheresis Platelets (SDP) PRT Leukoreduced Pediplatelet	\$ 774.77
24571	Apheresis Platelets (SDP) PRT Leukoreduced Washed	\$ 827.08
24611	Apheresis Platelets (SDP) Leukoreduced BacT 24 hours - 1st Step of 2 Step Process	\$ 558.78
24615	Apheresis Platelets (SDP) Leukoreduced BacT 24 hours - 1st Step of 2 Step Process Irradiated	\$ 608.22
24621	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 36 hours	\$ 631.89
24625	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 36 hours Irradiated	\$ 681.33
24627	Apheresis Platelets (SDP) Leukoreduced Low Volume BacT LVDS 36 hours Irradiated	\$ 601.44
24631	Apheresis Platelets (SDP) in PAS Leukoreduced BacT LVDS 36 hours	\$ 631.89
24633	Apheresis Platelets (SDP) in PAS Leukoreduced Low Volume BacT LVDS 36 hours	\$ 552.00
24635	Apheresis Platelets (SDP) in PAS Leukoreduced BacT LVDS 36 hours Irradiated	\$ 681.33
24637	Apheresis Platelets (SDP) in PAS Leukoreduced Low Volume BacT LVDS 36 hours Irradiated	\$ 601.44
24641	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 48 hours	\$ 631.89
24643	Apheresis Platelets (SDP) Leukoreduced Low Volume BacT LVDS 36 hours	\$ 552.00
24645	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 48 hours Irradiated	\$ 681.33
24647	Apheresis Platelets (SDP) Leukoreduced Low Volume BacT LVDS 48 hours	\$ 552.00
24652	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 36 hours Divided	\$ 360.34
24655	Apheresis Platelets (SDP) Leukoreduced Low Volume BacT LVDS 48 hours Irradiated	\$ 601.44
24656	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 48 hours Divided	\$ 360.34
24658	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 36 hours Pedi Platelet	\$ 706.89
24660	Apheresis Platelets (SDP) Leukoreduced BacT LVDS 48 hours Pedi Platelet	\$ 706.89
24700	Apheresis Granulocytes	\$ 1,024.47
24702	Apheresis Granulocytes Irradiated	\$ 1,073.91

<u>ITEM NUMBER</u>	<u>ITEM DESCRIPTION</u>	<u>FEES</u>
31100	Pooled Platelets Leukoreduced BacT LVDS 36 hours	\$ 606.36
31105	Pooled Platelets Leukoreduced BacT LVDS 36 hours Irradiated	\$ 655.80
51020	Stat Processing Fee	\$ 150.00
51136	Designated Service Charge	\$ 29.24
51138	Directed Service Charge	\$ 43.58

**CELLULAR LAB**

40002	SC ABO Incompatible Buffy Coat Enrichment	\$ 2,136.65
40003	SC Plasma Depletion	\$ 1,350.00
40004	SC Cryopreservation (includes 1st year storage)	\$ 2,558.37
40007	SC Stem Cell Quality Control	\$ 485.00
40008	SC Coordination Fee for Infusion or Transfer	\$ 455.45
40010	SC Wash Process	\$ 1,190.00
40011	SC Cord Blood Reconstitution	\$ 1,140.00
40012	Stem Cell Freight	\$ 67.48
40013	SC Thawing Frozen Cell (QC Vial ea)	\$ 63.65
51073	SC CBC with automated Differential	\$ 95.65
51074	SC CBC with manual differential	\$ 129.36
51135	CD34 Test	\$ 364.35
51193	SC Cellular Night and Weekend Fee	\$ 337.37
51743	SC Storage greater than 1 year (storage per year)	\$ 655.08
51802	SC Sterility Check	\$ 160.00
51806	SC CD3, CD4, CD8	\$ 353.74
51810	SC Processing Split Exceeding 4 Bags (each)	\$ 49.00

**HLA AND SPECIAL HEMATOLOGY TESTING**

51005	Platelet crossmatch	\$ 331.74
51095	HLA/Platelet Antibody Screen (Serology/ELISA)	\$ 337.37
51098	HLA-Antibody Intermediate Resolution, Complex	\$ 787.19
51104	Neonate Allo Thrombocytopenia Assessment	\$ 700.67
51105	Platelet Genotyping	\$ 423.39
51106	Platelet Auto Antibodies	\$ 412.00
51115	RHD Genotype	\$ 337.37
51161	HLA for Platelet Pheresis	\$ 281.14
51167	HLA Antibody Intermediate Resolution	\$ 455.45
51190	Patient Red Cell Genotype (Molecular)	\$ 337.37
51238	HLA - ABC/DR High Resolution, DQ Low Resolution	\$ 1,971.00
51243	HLA Coordination Fee	\$ 281.14
51261	Heparin Induced Thrombocytopenia Antibody (HIT)	\$ 224.91
51304	HLA Patient AB Typing for Transfusion	\$ 281.14

**PHERESIS AND THERAPEUTIC SERVICES**

16000	HPC Apheresis	\$ 1,644.40
51187	Phlebotomy per Hour Charge Over 1 Hour	\$ 112.46
51188	Photopheresis Procedure	\$ 3,713.15
51196	Therapeutic Stat Fee	\$ 224.91
51247	Therapeutic Delay Fee - Per Hour	\$ 112.46
51501	Therapeutic Cellular Depletion - WBC	\$ 1,461.92
51503	Therapeutic Phlebotomy Cancellation Fee	\$ 224.91
51505	Therapeutic Phlebotomy - in Hospital	\$ 562.28
51507	Therapeutic Phlebotomy with Replacement Fluid - in Hospital	\$ 674.73
51508	Red Blood Cell Exchange	\$ 1,461.92

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51509	Therapeutic Cancellation Fee without Kit Setup	\$ 224.91
51510	Therapeutic Cancellation Fee with Kit Setup	\$ 506.05
51511	Therapeutic Non-Business Hours Fee (after 5pm, weekends, holidays)	\$ 281.14
51512	Therapeutic Cellular Depletion - RBC	\$ 1,461.92
51514	Therapeutic Cellular Depletion - Platelet	\$ 1,461.92
51515	Therapeutic Plasma Exchange	\$ 1,259.50
51516	Therapeutic Extended Hour Fee > 4 Hrs (per hr)	\$ 112.46
51520	Red Cell Prime	\$ 112.46
51550	Therapeutic Transportation Fee for Equipment <30 mile each way	\$ 60.90
51551	Therapeutic Transportation Fee for Equipment 30 - 50 mile each way	\$ 120.00
51552	Therapeutic Transportation Fee for Equipment > 50 mile each way	\$ 175.05
51553	Therapeutic Transportation Fee for Nurse 30-50 mile each way	\$ 120.00
51554	Therapeutic Transportation Fee for Nurse >50 mile each way	\$ 175.05
51751	Medical Direction	\$ 530.45

### REFERENCE TESTING

50002	Irradiation Fee (1 unit)	\$ 49.44
50004	Deglycerolization Fee	\$ 137.92
50005	Freeze Fee	\$ 77.59
50006	Freeze & Degly. Fee	\$ 215.51
50008	Pooling Fee	\$ 22.50
50010	Thaw Fee	\$ 22.50
50012	RBC Wash Fee	\$ 127.31
50013	Platelet Wash Fee	\$ 127.31
51001	RBC Crossmatch (each additional unit)	\$ 56.23
51004	Non-crossmatch set up	\$ 51.73
51008	ABO Group	\$ 17.43
51009	RH Type	\$ 17.43
51010	Chemical Treatment	\$ 67.48
51011	Aliquot Bag	\$ 26.52
51030	Confirmatory Draw	\$ 17.43
51034	Platelet (Volume Reduction Fee)	\$ 50.60
51084	Computer Antigen Search (per Antigen)	\$ 26.52
51090	Patient Complete Phenotype	\$ 224.91
51107	Reconstitute Fee	\$ 143.22
51108	RBC Antibody Identification	\$ 140.57
51109	Rare Unit Fee	\$ 320.49
51118	Patient Antigen Typing - Single	\$ 60.73
51120	Antigen Typing - Single	\$ 60.73
51122	RBC Cell Separation	\$ 256.40
51125	Neutralization P1 or Lewis (includes panel)	\$ 84.35
51127	Reference Fee	\$ 269.89
51128	Acid Elution / Cell Elution	\$ 61.85
51139	Donath-Landsteiner Test	\$ 342.99
51189	Rare Donor Search thru American Rare Donor Program (ARDP)	\$ 112.46
51195	Splitting Service	\$ 22.50
51200	Type and Screen	\$ 69.73
51201	ABO Group & Rh Type	\$ 34.86
51203	Antibody Screen (Indirect Coombs)	\$ 34.87
51204	RBC Antibody Titer	\$ 146.19
51206	Direct Antiglobulin IgG (Direct Coombs)	\$ 26.99
51207	Direct Antiglobulin DAT C3	\$ 26.99
51209	Fetal Screen	\$ 62.59
51210	Kleihauer - Betke	\$ 110.22

<u>ITEM NUMBER</u>	<u>ITEM DESCRIPTION</u>	<u>FEES</u>
51213	CMV Test	\$ 16.87
51226	Sickle Cell Screen	\$ 39.36
51234	Adsorption	\$ 168.68
51253	Transportation Fees - Priority Shipment Service Area - 01 (0-25 miles)	\$ 57.19
51254	Transportation Fees - Priority Shipment Service Area - 02 (26-65 miles)	\$ 75.86
51255	Transportation Fees - Priority Shipment Services Area - 03 (66-120 miles)	\$ 140.04
51634	Canister Fee	\$ 49.48
51745	Crossmatch - Electronic	\$ 56.23

**OTHER TESTING**

51025	NAT (HIV - I, HBV and HCV RNA) DONOR ONLY	\$ 17.99
51260	Residual White Blood Cell Counts	\$ 56.23
51753	Cryoprecipitate QC	\$ 88.84
51757	BacT Detection	\$ 28.12