

TABLE F. — OUTPATIENT FACILITY NATIONWIDE CHARGES BY CPT/HCPCS CODE

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| CPT/ HCPCS Code | Description | Status/ Usage Indicator ¹ | Multiple Surgery Reduction Applies | Charge | Charge Method- ology |
|-----------------------|---|--|---|------------|----------------------------|
| P9031 | Platelets leukocytes reduced | | | \$256.61 | |
| P9032 | Platelets, irradiated | | | \$387.54 | |
| P9033 | Platelets leukoreduced irradiated | | | \$617.97 | |
| P9034 | Platelets, pheresis | | | \$2,118.36 | |
| P9035 | Platelet pheres leukoreduced | | | \$2,118.36 | |
| P9036 | Platelet pheresis irradiated | | | \$2,299.04 | |
| P9037 | Plate pheres leukoreduced irradiated | | | \$2,105.25 | |
| P9038 | RBC irradiated | | | \$562.98 | |
| P9039 | RBC deglycerolized | | | \$950.52 | |
| P9040 | RBC leukoreduced irradiated | | | \$950.52 | |
| P9041 | Albumin (human), 5%, 50ml | | | \$269.69 | |
| P9043 | Plasma protein fraction, 5%, 50ml | | | \$481.80 | |
| P9044 | Cryoprecipitate reduced plasma | | | \$193.76 | |
| P9045 | Albumin (human), 5%, 250 ml | | | \$1,343.28 | |
| P9046 | Albumin (human), 25%, 20 ml | | | \$290.66 | |
| P9047 | Albumin (human), 25%, 50ml | | | \$725.31 | |
| P9048 | Plasma protein fraction, 5%, 250ml | | | \$2,409.00 | |
| P9050 | Granulocytes, pheresis unit | | | \$6,470.26 | |
| Q0035 | Cardiokymography | b | | \$543.02 | |
| Q0081 | Infusion other than chemotherapy | | + | \$734.50 | |
| Q0083 | Chemotherapy by other than infusion | d | | \$189.91 | |
| Q0084 | Chemotherapy by infusion | d | | \$883.06 | |
| Q0085 | Chemotherapy by both infusion and other | d | | \$1,343.57 | |
| Q0091 | Obtaining screen pap smear | | + | \$54.87 | |
| Q0136 | Non-erythropoietin alpha injection | | | \$57.80 | |
| Q0187 | Factor VIIa recombinant | | | \$5,091.79 | |
| Q2005 | Corticotropin ovine trifluoracetate | | | \$562.60 | |
| Q2006 | Digoxin immune fab (ovine) | | | \$1,220.13 | |
| Q2011 | Hemin, per 1 mg | | | \$2.38 | |
| Q2017 | Teniposide, 50 mg | | | \$479.50 | |
| Q2019 | Basiliximab | | | \$3,273.46 | |
| Q2022 | Von Willebrand Factor Complexed | | | \$4.75 | |
| Q3003 | Technetium Tc-99m bisphosphonate | | | \$949.52 | |
| Q3008 | Indium 111-in pentetate | | | \$2,012.99 | |
| Q3011 | Chromic phosphate p32 | | | \$389.30 | |
| Q3021 | Hepatitis B vaccine injection | | | \$45.93 | |
| Q3022 | Hepatitis B vaccine adult dose | | | \$164.90 | |
| Q3023 | Injection hepatitis B vaccine | | | \$164.90 | |
| Q3025 | IM injection interferon beta-1a | | | \$227.88 | |

Key to Status/Usage Indicators:

- a Cannot be billed by VA non-provider-based clinics, because the charge is included in the associated professional charge.
 - b Cannot be billed by VA non-provider-based clinics, because a technical component charge from the professional charge table applies.
 - c Can be billed by VA non-provider-based clinics.
 - d Cannot be billed by VA non-provider-based clinics, because a different code is used for professional billing.
 - e Cannot be billed by VA non-provider-based clinics, because a stand-alone charge from the professional charge table applies.
 - f Can be billed for patients who are subsequently admitted to the hospital.
- All other procedures: Cannot be billed by VA non-provider-based clinics, because the service is generally considered facility only, or else the facility charge is included in the professional non-facility practice expense units.

Charge Methodology:

No entry: Charge derived using the methodology based on Medicare Ambulatory Payment Classifications.
 All other entries: See Supplementary Table 1, Reasonable Charges Data Sources - V.2.0.

NOTES: CPT Codes and descriptions only copyright 2002 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
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¹ See end of table.