

# Health Research Associates

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Centers for Medicare and Medicaid Services  
Mail Stop C4-01-26  
7500 Security Boulevard  
Baltimore, MD 21244

By email: [MedicarePhysicianFeeSchedule@cms.hhs.gov](mailto:MedicarePhysicianFeeSchedule@cms.hhs.gov)

**RE: POTENTIALLY MISVALUED CODE (CPT 36514); assigned clinical labor code (L056A) undervalues nurse operator wage cost; need for creation and pricing of a new clinical labor code (Therapeutic Apheresis Nurse)**

Dear CMS,

I am submitting this public nomination for the subject revision of a potentially misvalued code: therapeutic plasmapheresis or plasma exchange (TPE) (CPT 36514<sup>1</sup>). This public nomination is submitted on behalf of referring physicians and their patients who require this treatment on an outpatient basis but currently cannot find any non-facility service provider, and additionally on behalf of non-facility providers that would like to offer this service but currently cannot do so because of long-standing undervaluation of the nurse labor practice expense, which in turn dictates Medicare Physician Fee Schedule (PFS) and non-Medicare insurance payment rates that are inadequate to cover direct operating costs.

Roughly one-half of the 100,000 TPE procedures performed annually are performed in the hospital outpatient setting, with the balance provided to hospitalized inpatients. Under the Part B Hospital OPPIs, the U.S. average CY 2025 Medicare payment rate for TPE/CPT 36514 performed in a hospital outpatient department is \$1,639.28. Under the Part B Physician Fee Schedule (PFS), the U.S. average CY 2025 Medicare payment rate for this same procedure performed in a non-facility (office or clinic) setting is just \$663.43.<sup>2</sup>

As addressed in more detail below, this current Medicare PFS payment rate does not adequately compensate non-facility providers for their direct non-physician costs to provide TPE, which includes the substantial direct cost of therapeutic apheresis nurse labor over the entirety of the 186-minute procedure. As a consequence, and despite the fact that TPE/CPT 36514 is covered by Medicare in the non-facility setting, there are virtually no non-facility-based TPE therapy providers, as evidenced by 2023 CMS claims data:

## **Facility-based TPE physician claims<sup>3</sup>**

## **Non-facility-based TPE physician claims**

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<sup>1</sup> Full CPT procedure code descriptor: Therapeutic apheresis; for plasmapheresis

<sup>2</sup> 20.51 relative value units (RVUs) with a finalized CY 2025 conversion factor of \$32.3465

<sup>3</sup> This value represents physicians' professional supervision claims for TPE for both hospital outpatient and inpatient TPE procedures; thus it does not equate with numbers of OPPIs procedures

20,204

397

Virtually all outpatient TPE procedures continue to be performed in the hospital outpatient setting, where again the U.S. average CY 2025 Medicare payment rate of \$1,639.28 is well over two-fold higher than the U.S. average non-facility payment rate of \$663.43.<sup>4</sup> Over the last decade, I have learned of or directly heard from a number of physicians who would like to provide TPE and have investigated delivering TPE therapy in their non-facility setting, but cannot financially justify the operating losses that they would sustain at the current non-facility payment rate. Thus, Medicare outpatients across the country who require TPE therapy must be referred to the higher-cost hospital outpatient treatment setting.

TPE/CPT 36514 is a complex extracorporeal blood therapy procedure used to treat patients with serious hematological, oncologic, neurological, rheumatologic, cardiac and autoimmune disorders. Therapeutic apheresis nurses must have the requisite training, knowledge-based skills and experience to independently perform this procedure on patients with a wide spectrum of serious illnesses and comorbidities. They must be trained and highly skilled in evaluating patients and managing clinical issues and adverse events that commonly arise during the procedure, particularly in patients with comorbid anemia, renal failure, cardiovascular disease, serum protein abnormalities or other risk factors.<sup>5</sup>

Below are responsibilities involved in therapeutic apheresis nurses' performance of TPE:

- Advanced vascular access assessment and venipuncture skills for high blood flow procedures; management of rapid blood product infusions
- Advanced skills for accessing and maintaining implantable ports
- Pre-procedure assessment for hemodynamic stability and contraindications to apheresis procedures
- Continuous management of the extracorporeal blood circuit
- Advanced troubleshooting and optimization skills to complete the procedure
- Advanced patient assessment skills throughout the procedure to identify and manage adverse events, as per facility's SOP
- Medication administration: both infusion of medications and knowledge about medications used as adjunct treatments and potential drug interactions or effects of the therapeutic apheresis procedure on circulating drug levels.

Because basic centrifugation-based apheresis equipment is used by blood and plasma donation centers to collect red blood cell, platelet and plasma components, it is not uncommon for the term "Apheresis" to be included in the job titles or descriptions of *non-patient-facing* nurses who collect these blood components from healthy volunteer donors. Their training and

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<sup>4</sup> 20.51 relative value units (RVUs) with a finalized CY 2025 conversion factor of \$32.3465.

<sup>5</sup> Chhibber V and King KE. Management of the therapeutic apheresis patient (Chapter 12). In: *Apheresis: Principles and Practice, 3<sup>rd</sup> Edition*. Bethesda, MD: AABB Press, 2010.

skill level are sharply distinct from the exceptionally demanding skill set, work responsibilities and experience required of a therapeutic apheresis nurse performing technically complex TPE procedures on very ill patients.

Commensurate with the lesser training, skills and demands of the blood collection procedures they perform on healthy volunteer blood donors, the salary range for these non-patient-facing “apheresis” nurses is substantially lower than the salary range for therapeutic apheresis nurses.

Unfortunately, online employment site<sup>6</sup> postings with job titles like “apheresis nurse” and “RN apheresis” or “apheresis RN” positions encompass both (1) specialized therapeutic apheresis nurses performing TPE and other therapeutic apheresis procedures on very ill patients and (2) lower-paid licensed RNs and LPNs who work at non-hospital community blood centers (e.g. American Red Cross, Vitalant, Versiti, OneBlood) collecting platelets, red blood cells and/or plasma from healthy volunteer blood donors using automated apheresis-based equipment.

Below are U.S. average median annual and hourly base salaries identified by four leading national online employment recruiting firms for “Apheresis Nurse” or “Apheresis RN” positions, plus the calculated per-minute wage including the CMS benefit factor (1.296). As will be discussed in more detail below, the range from \$92,525 to nearly \$125,000 unquestionably reflects variability from one recruiting firm to the next in their percentage mix of higher-wage therapeutic apheresis nurse job postings and postings for lower-wage community blood center nurses:

Employment recruiting firm	Job Title	Median annual base wage	Median base wage per hour	Median per minute including 1.296 CMS benefit factor
ZipRecruiter.com <sup>7</sup>	Apheresis RN	<b>\$92,525</b>	\$44.48	<b>\$0.96</b>
Glassdoor.com <sup>8</sup>	Therapeutic Apheresis Nurse	<b>\$98,000</b>	\$47.12	<b>\$1.02</b>
Talent.com <sup>9</sup>	Apheresis Nurse	<b>\$106,288</b>	\$51.10	<b>\$1.10</b>
Salary.com <sup>10</sup>	Registered Nurse Apheresis	<b>\$124,937</b>	\$60.07	<b>\$1.30</b>

An exhaustive online search for therapeutic apheresis nurse position openings disclosing the offered salary range produced the following list of six current job opportunities:

<sup>6</sup> e.g. Indeed.com, ZipRecruiter.com, Glassdoor.com, Talent.com, Salary.com

<sup>7</sup> Accessed 2/5/2025 at: <https://www.ziprecruiter.com/Salaries/Apheresis-Rn-Salary>

<sup>8</sup> Accessed 2/5/2025 at: [https://www.glassdoor.com/Salaries/apheresis-rn-salary-SRCH\\_KO0,12.htm](https://www.glassdoor.com/Salaries/apheresis-rn-salary-SRCH_KO0,12.htm)

<sup>9</sup> Accessed 26/2025 at: <https://www.talent.com/salary?job=apheresis+nurse&location=>

<sup>10</sup> Accessed 2/5/2025 at: <https://www.salary.com/research/salary/opening/registered-nurse-apheresis-salary>

Employer	Position title	Annual base wage range	Hourly base wage range	Mean base hourly wage	Mean per minute wage including 1.296 CMS benefits factor
Memorial Sloan-Kettering Cancer Center (NY/NJ) <sup>11</sup>	Clinical Nurse - Apheresis	\$97,700 - \$156,400	NS	<b>\$61.08</b>	<b>\$1.32</b>
Seattle Children's Hospital <sup>12</sup>	Apheresis RN	NS	\$47.60 - \$89.80	<b>\$68.70</b>	<b>\$1.48</b>
New York Blood Center <sup>13</sup> (mobile hospital therapeutic apheresis provider)	RN - Therapeutic Apheresis I, II, III	NS	\$50 - \$60	<b>\$55</b>	<b>\$1.19</b>
Children's Hospital of Orange County (CA) <sup>14</sup>	RN – Apheresis	NS	\$62.35 - \$77.65	<b>\$70</b>	<b>\$1.51</b>
Fred Hutchinson Cancer Center <sup>15</sup> (Seattle, WA)	Registered Nurse - Apheresis	NS	\$45.35 - \$84.80	<b>\$65.08</b>	<b>\$1.41</b>
Oregon Health and Science University <sup>16</sup>	RN - Apheresis	NS	\$52.11 - \$86.81	<b>\$69.46</b>	<b>\$1.50</b>

NS, not stated

**Mean per-minute wage including 1.296 CMS benefits factor** **\$1.40**

Using the same “Apheresis” search term, below are results of a search for nurse position openings whose job function specifically entails blood, platelet and related cell collection activities:

<sup>11</sup> Accessed 2/6/2025 at: <https://www.indeed.com/jobs?q=apheresis+nurse&l=&from=searchOnDesktopSerp&vjk=881a07c301c83679>

<sup>12</sup> Accessed 2/4/2025 at: <https://www.indeed.com/jobs?q=apheresis+rn&l=&from=searchOnDesktopSerp&vjk=a1b08e2615327b12>

<sup>13</sup> Accessed 2/4/2025 at: <https://www.indeed.com/jobs?q=RN+Therapeutic+Apheresis&l=New+York+State&from=5>

<sup>14</sup> Accessed 2/6/2025 at: [https://www.ziprecruiter.com/jobs-search?location=United+States&search=apheresis+rn&lvk=\\_a7zluEwEHUTJJKiuxgig.--NhMDbFVLw&page=3&impression\\_superset\\_id=CFRAY%3A90e79437ee83cbab-IAD](https://www.ziprecruiter.com/jobs-search?location=United+States&search=apheresis+rn&lvk=_a7zluEwEHUTJJKiuxgig.--NhMDbFVLw&page=3&impression_superset_id=CFRAY%3A90e79437ee83cbab-IAD)

<sup>15</sup> Accessed 2/5/2025 at: <https://www.indeed.com/jobs?q=apheresis+nurse&l=&from=searchOnDesktopSerp&vjk=feece47c43dd8405>

<sup>16</sup> Accessed 2/4/2025 at: <https://www.indeed.com/jobs?q=pheresis&start=10&vjk=ccec8300f55b90d4>

Employer	Position title	Annual base wage range	Hourly base wage range	Mean base hourly wage	Mean per minute wage including 1.296 CMS benefits factor
Roswell Park Cancer Institute <sup>17</sup> (Buffalo, NY)	Nurse II - Apheresis (whole blood and platelet pheresis collections from volunteer donors)	\$90,849 - \$107,192	NS	<b>\$47.60</b>	<b>\$1.03</b>
Charles River Laboratories / HemaCare <sup>18</sup> (Northridge, CA)	Apheresis Registered Nurse (platelet, leukocyte and whole blood collections from volunteer donors)	NS	\$41.35 - \$46.20	<b>\$43.78</b>	<b>\$0.95</b>
American Red Cross <sup>19</sup> (Princeton, NJ)	RN - Apheresis Blood Collection	NS	NS	<b>\$34.29</b>	<b>\$0.74</b>

NS, not stated

**Mean per-minute wage including 1.296 CMS benefits factor** **\$0.90**

While these numbers of listed position openings for therapeutic apheresis nurses and donor blood bank-based “apheresis” nurses are small, they do support the following conclusions:

1. **Relative to the \$0.81 per minute rate currently assigned for TPE/CPT 36514,<sup>20</sup> the rate per minute for a therapeutic apheresis nurse inclusive of benefits very likely ranges between \$1.30 and \$1.50 per minute** – well over 60% higher than the L056A per minute valuation currently assigned to CPT 36514.
2. **Any survey whose intent is to accurately estimate the average annual or hourly wage for a therapeutic apheresis nurse must specifically target therapeutic apheresis nurses, and** exclude much lower-paid nurses who work for blood or plasma centers that use apheresis-based cell separation equipment to collect these products from healthy volunteer donors.

To resolve this very wide disparity between the \$0.81 rate per minute that applies for the RN/OCN (L0565A) nurse labor code currently assigned for CPT 36514 and the far higher

<sup>17</sup> Accessed 2/3/2025 at: <https://www.indeed.com/jobs?q=pheresis&start=10&vjk=8b9799df2722c6ed>

<sup>18</sup> Accessed 2/3/2025 at: <https://www.indeed.com/jobs?q=apheresis&l=California&from=searchOnDesktopSerp&cf->

<sup>19</sup> Accessed 2/3/2025 at: <https://www.indeed.com/jobs?q=Apheresis&l=United+States&radius=25&start=10&vjk=3f50771cbd01226a>

<sup>20</sup> Based on CMS’ recent assignment of the L056A clinical labor code to replace L051A (RN/LPN)

(~\$1.30 to \$1.50) rate per minute reflected in current offered salaries for therapeutic apheresis nurses, I propose that CMS coordinate with the Department of Labor to:

1. Complete or contract for an investigation to estimate the mean annual base salary for therapeutic apheresis nurses (exclusive of non-patient-facing nurses who collect blood products with apheresis equipment); define a wage rate per minute including the benefits multiplier.
2. Establish a new clinical labor code and descriptor (e.g. Therapeutic Apheresis Nurse; TAN) which fully and accurately identifies this highly specialized and exceptionally demanding job function, and whose per-minute rate accurately reflects prevailing wages and benefits for this highly skilled and specialized nurse category.
3. Assign the new Therapeutic Apheresis Nurse code to CPT 36514 to replace the inaccurate L056A labor code, which severely understates the actual prevailing wages and benefits for these nurses.

Today, the under-valuation of therapeutic apheresis nurse labor costs is a prime contributor to the long-undervalued Medicare PFS payment rate for CPT 36514, which acts as a financial barrier for potential non-facility TPE providers and forces physicians to refer their ambulatory patients to far higher-cost hospital-based TPE providers. CMS' action to establish a new Therapeutic Apheresis Nurse clinical labor code will serve to correct this long-standing problem of inadequate Medicare payment for TPE/CPT 36514 in the non-facility setting and will enable non-facility providers to finally offer TPE procedures at a fraction of their current cost to the Medicare program.

If you have any questions or needs for additional information, please contact me at 626-665-1898 or [kberman626@outlook.com](mailto:kberman626@outlook.com).

Sincerely,

A handwritten signature in green ink that reads "Keith Berman".

Keith Berman, MPH, MBA