

Platelet Rich Plasma Therapies

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[Instructions for Use](#)

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Related Medicare Advantage Medical Policies
<ul style="list-style-type: none"> Orthopedic Procedures, Devices, and Products Skin Substitutes Grafts/Cellular and Tissue-Based Products (Injections and/or Applications)
Related Commercial Medical Policy
<ul style="list-style-type: none"> Prolotherapy and Platelet Rich Plasma Therapies

Coverage Rationale

Overview

Platelet-rich plasma (PRP) is defined as a platelet-rich concentrate with platelet levels greater than the baseline platelet count in whole blood. This autologous derived substance, also referred to as autologous platelet-derived growth factors, platelet gel, platelet-rich concentrate, autogenous platelet gel, plasma rich in growth factors, or platelet releasate, has been proposed for the treatment of multiple conditions to enhance healing.

CMS National Coverage Determinations (NCDs)

A National Coverage Determination (NCD) exists for autologous PRP for the treatment of chronic non-healing diabetic wounds. For coverage guidelines, refer to the [NCD for Blood-Derived Products for Chronic Non-Healing Wounds \(270.3\)](#).

CMS Local Coverage Determinations (LCDs) and Articles

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for PRP injections and/or applications as a means of managing musculoskeletal injuries and/or joint conditions and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table in the [CMS Related Documents section](#) below.

LCDs/LCAs exist for autologous PRP for the treatment of nondiabetic chronic non-healing wounds not specifically addressed by the NCD for Blood-Derived Products for Chronic Non-Healing Wounds (270.3) and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table in the [CMS Related Documents section](#) below.

For coverage guidelines for states/territories with no LCDs/LCAs and for indications not specifically addressed by the NCD for Blood-Derived Products for Chronic Non-Healing Wounds (270.3), refer to the UnitedHealthcare Commercial Medical Policy titled [Prolotherapy and Platelet Rich Plasma Therapies](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply

CPT Code	Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed (Non-Covered)

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment) (Non-Covered)
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)
P9020	Platelet rich plasma, each unit (Non-Covered)

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
For HCPCS Code G0465				
NCD for Blood-Derived Products for Chronic Non-Healing Wounds (270.3)	L38745 Platelet Rich Plasma	A58282 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Palmetto**
	L39058 Platelet Rich Plasma Injections for Non-Wound Injections	A58788 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	Noridian
	L39060 Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	A58790 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	Part A and B MAC	Noridian
For HCPCS Code G0460				
N/A	L39023 Platelet Rich Plasma Injections for Non-Wound Injections	A58737 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	CGS
	L39058 Platelet Rich Plasma Injections for Non-Wound Injections	A58788 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	Noridian
	L39068 Platelet Rich Plasma	A58808 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Novitas**
	L39071 Platelet Rich Plasma	A58810 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	First Coast
	L39060 Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	A58790 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	Part A and B MAC	Noridian

NCD	LCD	LCA	Contractor Type	Contractor Name
For CPT Code 0232T and HCPCS Code P9020				
N/A	L38745 Platelet Rich Plasma	A58282 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Palmetto**
	L38937 Platelet Rich Plasma	A58609 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	NGS
	L39023 Platelet Rich Plasma Injections for Non-Wound Injections	A58737 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	CGS
	L39058 Platelet Rich Plasma Injections for Non-Wound Injections	A58788 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Part A and B MAC	Noridian
	L39068 Platelet Rich Plasma	A58808 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	Novitas**
	L39071 Platelet Rich Plasma	A58810 Billing and Coding: Platelet Rich Plasma	Part A and B MAC	First Coast
	L39060 Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	A58790 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections Retired 09/11/2025	Part A and B MAC	Noridian

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.	
**For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

CMS Claims Processing Manual

[Chapter 4; § 231-231.8 Billing and Payment for Blood, Blood Products, and Stem Cells and Related Services Under the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Chapter 32; § 11.3 Autologous Platelet-Rich Plasma \(PRP\) for Chronic Non-Healing Wounds](#)

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Platelet rich plasma therapies are procedures and, therefore, not subject to FDA regulation. However, any medical devices, drugs, biologics, or tests used as a part of these procedures may be subject to FDA regulation.

For additional information, search product codes KSS, ORG, or JQC at the following website:
<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed September 9, 2025)

Policy History/Revision Information

Date	Summary of Changes
11/01/2025	Centers for Medicare and Medicaid Services (CMS) Related Documents <ul style="list-style-type: none">Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information Supporting Information <ul style="list-style-type: none">Archived previous policy version MMP392.03

Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical

evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.