

Platelet Rich Plasma Injections for Non-Wound Injections

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[↪ Terms and Conditions](#)

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- | Related Medicare Advantage Policy Guideline |
|---|
| <ul style="list-style-type: none"> Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3) |
| Related Medicare Advantage Medical Policy |
| <ul style="list-style-type: none"> Pain Management |

Policy Summary

[↪ See Purpose](#)

Guidelines

All Platelet Rich Plasma injections and/or applications as a means of managing musculoskeletal injuries and/or joint conditions or for any use outside of the National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic Non-Healing Wounds are non-covered.

For prolotherapy, please refer to National Coverage Determination (NCD) 150.7 for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents.

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 guideline does not imply that the service described by the code is a covered or non-covered health service. 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.

HCPCS Code	Description
M0076	Prolotherapy (Non-Covered)
P9020	Platelet rich plasma, each unit (Non-Covered)

Definitions

Platelet-Rich Plasma (PRP): Platelet-rich concentrate with platelet levels greater than the baseline platelet count in whole blood

References

CMS National Coverage Determinations (NCDs)

Related NCDs: [NCD 270.3 Blood-Derived Products for Chronic Non-Healing Wounds](#), [NCD 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L39023 Platelet Rich Plasma Injections for Non-Wound Injections	A58737 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	CGS	KY, OH	KY, OH
L38745 Platelet Rich Plasma	A58282 Billing and Coding: Platelet Rich Plasma	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38937 Platelet Rich Plasma	A58609 Billing and Coding: Platelet Rich Plasma	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39058 Platelet Rich Plasma Injections for Non-Wound Injections	A58788 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L39060 Platelet Rich Plasma Injections for Non-Wound Injections	A58790 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39068 Platelet Rich Plasma	A58808 Billing and Coding: Platelet Rich Plasma	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39071 Platelet Rich Plasma	A58810 Billing and Coding: Platelet Rich Plasma	First Coast	FL, PR, VI	FL, PR, VI

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](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
09/01/2024	Related Policies <ul style="list-style-type: none"> Updated reference link to reflect the current policy type for <i>Pain Management</i>
09/13/2023	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information; no change to guidelines Archived previous policy version MPG392.01

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

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

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. 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 the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines 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 Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*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](#).