

ActiGraft Billing and Coding Guide



Product Information

ActiGraft is an autologous blood derived product for chronic, non-healing wounds (including diabetic wounds) which constructs a whole blood clot (WBC) gel that contains whole cells: white cells, red cells, plasma, platelets, fibrin, stem cells, and fibrocyte precursors. The gel is used by physicians in clinical settings in treating chronic, non-healing wounds, open cutaneous wounds, and soft tissue. The procedure includes administration, dressings, phlebotomy, mixing, and other preparatory procedures, per treatment.

Indications for Use

The ActiGraft is intended to be used at point-of-care for the safe and rapid preparation of Whole Blood Clot (WBC) from a small sample of a patient's own peripheral blood. Under the supervision of a healthcare professional, the WBC produced by the ActiGraft is topically applied for the management of exuding cutaneous wounds, such as leg ulcers, pressure ulcers, diabetic ulcers, and mechanically or surgically-debrided wounds.

Effective July 1, 2023, the Centers for Medicare and Medicaid (CMS) has added additional language to the code descriptors for HCPCS code G0460 and HCPCS G0465.

HCPCS G0460 - Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all other preparatory procedures, administration and dressings, per treatment

HCPCS 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)

ActiGraft is now eligible for coverage under Medicare's National Coverage Determination NCD 270.3 *Blood-Derived Products for Chronic Non-Healing Wounds*.

CMS will cover autologous PRP for the treatment of chronic non-healing diabetic wounds for a duration of 20 weeks, when prepared by devices whose Food and Drug Administration (FDA)-cleared indications include the management of exuding cutaneous wounds, such as diabetic ulcers. Coverage of autologous PRP for the treatment of chronic non-healing diabetic wounds beyond 20 weeks will be determined by local Medicare Administrative Contractors (MACs). Coverage of autologous PRP for the treatment of all other chronic non-healing wounds will be determined by local MACs.

ActiGraft is contraindicated in patients with the following types of wounds:

- Wounds due to malignancy
- Wounds with active clinically diagnosed infection

ACTIGRAFT COVERAGE SUPPORT PROGRAM

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The ActiGraft Coverage Support Program is facilitated by PRIA Healthcare, an experienced third-party provider, and will help expand patient access to the ActiGraft procedure. Please contact the Coverage Support Program for any ActiGraft coding, billing, and reimbursement questions.



Healing is in our blood.

2025 Physician Coding and Payment

HCPSC Code	HCPSC Description	MPFS Status Code	Medicare National Payment (Facility)/(Office)
G0460	Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all other preparatory procedures, administration and dressings, per treatment	C	FACILITY Contractor Priced OFFICE Contractor Priced
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)	A	FACILITY \$87.33 OFFICE \$890.18

Starting in 2025, Payment rates have been established by CMS for HCPSC code G0465, while HCPSC code G0460 remains contractor priced. Medicare Administrative Contractors (MAC's) may choose to publish rates on their website. Please note that CMS Wage Index may effect MPFS published rates.

Please check with your local MAC and Private Payers for additional payment information.

2025 Hospital Outpatient Coding and Payment

HCPSC Code	HCPSC Description	Status Indicator	APC	Medicare National Average Payment Rate
G0460	Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all other preparatory procedures, administration and dressings, per treatment	T	5054	\$1829.23
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)	T	5054	\$1,829.23

Status Indicator: T: Significant procedure, multiple reduction applies.

ICD-10-CM Diagnosis Codes

ICD-10-CM diagnosis codes are used by hospitals and providers to report the indication for the service or procedure. Providers documentation needs to support the selection of the ICD-10-CM diagnosis codes based on the patient's condition.

Providers should report both an ICD-10 diagnosis code for diabetes mellitus and an ICD-10 diagnosis code for chronic ulcers to be covered for Platelet-Rich Plasma (PRP) for the treatment of chronic non-healing diabetic wounds. The Diabetes Mellitus and Chronic Ulcer diagnosis codes are listed below.

ICD-10-CM Diagnosis Code	Description
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
ICD-10-CM Diagnosis Code	Description
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity

ICD-10-CM Diagnosis Code	Description
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.215	Non-rpressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified seerity
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone

ICD-10-CM Diagnosis Code	Description
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis

ICD-10-CM Diagnosis Code	Description
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428	Non-pressure chronic ulcer of back with other specified severity
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity

Coding and Billing for Autologous Blood-Derived PRP

- Claims reporting G0465, that do not include the appropriate ICD-10 diagnosis code for **diabetes mellitus** and an ICD-10 diagnosis code for **chronic ulcers** may be denied for PRP services for the treatment of chronic non-healing diabetic wounds.
- The applicable Types of Bill (TOBs) covered for PRP services are: 12X, 13X, 22X, 23X, 71X, 75X, 77X, and 85X.
- The following Place of Services are covered for Professional Claims POS 11 Office, POS 19 Off Campus-Outpatient Hospital, POS 22 On Campus-Outpatient Hospital, POS 49 Independent Clinic, POS 12 Home or Private Residence of Patient and POS 31 Skilled Nursing Facility (POS 12 and POS 31 effective 1/1/24).
- For services performed more than 20 weeks from the date of the first PRP service, modifier **KX Requirements specified in the medical policy have been met is reported on the claim.**

Sources

*Medicare NCD 270.3 NCD - Blood-Derived Products for Chronic Non-Healing Wounds (270.3) (cms.gov) HCPCS

*July 2023 Quarterly Update CMS HCPCS Quarterly Update | CMS

*Medicare Claims Processing Manual 100.04 Chapter 32 Section 11.3.2: Medicare Claims Processing Manual (cms.gov)

*MM12403 - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds (cms.gov)

*CY 2025 Medicare Outpatient Prospective Payment System, Final Rule (CMS-1809-FC), Federal Register, 11/1/2024

*CY 2025 National Physician Fee Schedule (CMS-1807-F) Relative Value File January Release, 12/9/24

*Addendum A & B updates will be added when available in Jan 2025.

*2025 ICD-10-CM Expert for Hospitals Optum 360, LLC (link will be added when available).

*2025 HCPCS Level II Expert AAPC (link will be added when available)

*<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13828.zip>

*<https://www.cms.gov/files/document/r12904otn.pdf>

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