

Blood Platelet Transfusions (NCD 110.8)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines

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

Related Medicare Advantage Coverage Summaries

- [Blood, Blood Products and Related Procedures and Drugs](#)
- [Pain Management and Pain Rehabilitation](#)

Policy Summary

[↪ See Purpose](#)

Overview

Blood platelet® transfusions are safe and effective for the correction of thrombocytopenia and other blood defects.

Guidelines

It is covered under Medicare when treatment is reasonable and necessary for the individual patient.

HCPCS code P9020 should not be used to describe the injection of Platelet Rich Plasma (PRP) into a specific site. All platelet rich plasma injections and/or applications as a means of managing musculoskeletal injuries and/or joint conditions 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
P9019	Platelets, each unit
P9020	Platelet rich plasma, each unit (Non-Covered)
P9031	Platelets, leukocytes reduced, each unit

HCPSC Code	Description
P9032	Platelets, irradiated, each unit
P9033	Platelets, leukocytes reduced, irradiated, each unit
P9034	Platelets, pheresis, each unit
P9035	Platelets, pheresis, leukocytes reduced, each unit
P9036	Platelets, pheresis, irradiated, each unit
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit
P9073	Platelets, pheresis, pathogen-reduced, each unit
P9100	Pathogen(s) test for platelets

Modifier	Description
BL	Special acquisition of blood and blood products

References

CMS National Coverage Determinations (NCDs)

[NCD 110.8 Blood Platelet Transfusions](#)

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
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
N/A	A57742 Billing and Coding: National Noncovered Services	First Coast	FL, PR, VI	FL, PR, VI
N/A	A58307 Billing and Coding: Platelet Rich Plasma	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A58351 Billing and Coding: Platelet Rich Plasma	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L33777 (Noncovered Services) Retired 07/01/2020	A57743 Billing and Coding: Noncovered Services Retired 07/01/2020	First Coast	FL, PR, VI	FL, PR, VI

CMS Benefit Policy Manual

[Chapter 15: § 50 Drugs and Biologicals](#)

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 \(OPPS\)](#)

MLN Matters

[Article MM5867, Updated July 2013, Billing Blood and Blood Products](#)

UnitedHealthcare Commercial Policy

[Prolotherapy and Platelet Rich Plasma Therapies](#)

Other(s)

[Medicare General Information, Eligibility, and Entitlement Manual; Chapter 3; § 20.5 Blood Deductibles](#)

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
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
03/10/2021	Policy Summary <i>Guidelines</i> <ul style="list-style-type: none">Added language to indicate all platelet rich plasma injections and/or applications as a means of managing musculoskeletal injuries and/or joint conditions are non-covered Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG030.07

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 below 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](#).