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## Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy Corporate Medical Policy

File Name: Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy

File Code: 8.01.VT201

Last Review: 05/2025

Next Review: 05/2026

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### Description

Whole blood and blood components (red cells, plasma, platelets, and leukocytes) are used in the treatment of a wide variety of conditions.

Blood derivatives are factors extracted from whole blood and blood components. Blood derivatives are also used to treat a wide variety of conditions. Some examples of blood derivatives are as follows:

1. Albumin
2. Gamma Globulin
3. Factors VIII and IX (clotting factors)
4. Rho (D) immune globulins (RhoGAM)
5. Prothrombin

Transfusion services are those services necessary to test donor blood and administer transfusions.

Allogenic blood is from another donor; autologous is blood the patient donates for his/her own use.

The use of blood-derived growth factors, including recombinant platelet-derived growth factors (PDGFs) and platelet-rich plasma (PRP), has been suggested as a treatment for wounds or other miscellaneous non-orthopedic conditions, including but not limited to, diabetic ulcers, pressure ulcers, venous stasis ulcers, and surgical and traumatic wounds.

Prolotherapy describes a procedure intended for healing and strengthening ligaments and tendons by injecting an agent that induces inflammation and stimulates endogenous repair mechanisms. Prolotherapy may also be referred to as proliferant injection, prolo, joint sclerotherapy, regenerative injection therapy, growth factor stimulation injection, or

nonsurgical tendon, ligament, and joint reconstruction.

## Policy

### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - Coding Table & Instructions](#)

[Attachment II - Eligible Diagnosis Codes for Recombinant and Autologous Platelet Derived Growth Factors as Treatment of Wound Healing](#)

### Blood and Blood Components

#### When a service may be considered medically necessary

Blue Cross VT will provide coverage for transfusion services of whole blood, blood components, and blood derivatives when ordered by the member's physician under circumstances where the transfusion of blood or blood products is an accepted medical practice and is therefore considered **medically necessary**.

Blue Cross VT will provide coverage for cost that the facility incurs from a community blood bank for the bank's processing expenses. Refer to Attachment I

Blue Cross VT will provide coverage for clinical laboratory studies/tests in connection with blood and blood transfusion services related to the patient receiving the blood.

Blood transfusion services are separately reimbursed for outpatient transfusion services (CPT® codes 36430 -36460).

\* Blue Cross VT may request medical records for retrospective determination of medical necessity.

#### When a service is considered inclusive to another service and therefore not separately reimbursed

- **Blood transfusion services when a member is inpatient or in observation are not eligible for separate benefits, they are considered inclusive of other service and providers are held financially liable if billed.**
- Storage of whole blood, blood components/products at facilities, this is considered inclusive to transfusion services (provider liability)

#### When a service is considered a benefit exclusion and therefore not covered

- Autologous whole blood, blood components, and testing of blood (even if the blood is used).
- Transfusion services for autologous blood and blood components in the absence of a

- covered surgical procedure.
- Costs associated with the storage of blood

## **Recombinant & Autologous Platelet-Derived Growth Factor (PGDF) and Prolotherapy**

### **When a service may be considered medically necessary**

#### **Recombinant Platelet-Derived Growth Factor (PGDF)**

Recombinant platelet-derived growth factor (PGDF) (ie, becaplermin) may be considered **medically necessary** when used as an adjunct to standard wound management for the following indications (for further information on patient selection criteria, see Policy Guidelines):

- Neuropathic diabetic ulcers extending into the subcutaneous tissue
- Pressure ulcers extending into the subcutaneous tissue

### **When a service is considered investigational**

#### **Recombinant Platelet-Derived Growth Factor (PGDF)**

Other applications of recombinant PGDF are considered **investigational**, including, but not limited to, ischemic ulcers, ulcers related to venous stasis, and ulcers not extending through the dermis into the subcutaneous tissue.

#### **Autologous Blood Derived Preparations (i.e. Platelet Rich Plasma)**

Use of autologous blood-derived preparations (ie, platelet-rich plasma) is considered **investigational**. This includes, but is not limited to, use in the following situations:

- Treatment of acute or chronic wounds including surgical wounds and nonhealing ulcers
- Adjunctive use in surgical procedures
- Primary use (injection) for other conditions such as epicondylitis (ie, tennis elbow), plantar fasciitis, or Dupuytren contracture

Autologous platelet gel application following total knee arthroplasty is considered **investigational**.

Bone marrow plasma injection is considered **investigational** for the treatment of tendonopathies (e.g., elbow, heel, knee, and shoulder) and all other indications.

Bone marrow derived mesenchymal stromal cells administration is considered **investigational** for the treatment of Crohn's disease and osteoarthritis.

Adipose-tissue-derived stem cells injection treatment for chondromalacia patellae is considered **investigational**.

## **Prolotherapy:**

Prolotherapy is considered **investigational** as a treatment of musculoskeletal pain.

Prolotherapy to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or by increasing the effectiveness of an existing circulating growth factor is considered **investigational**.

## **Policy Guidelines**

### **Blood and Blood Components**

Charges for blood derivatives, which are classified as formulary drugs (i.e., hemophilia factors), are eligible for coverage as prescription drugs.

If the autologous blood is not used by the donor and becomes part of the blood bank supply, the cost of testing should be passed on to the ultimate recipient as an allogenic transfusion.

### **Recombinant Platelet-Derived Growth Factors**

Appropriate candidates for becaplermin gel for treatment of neuropathic ulcers should meet **ALL** of the following criteria:

1. Adequate tissue oxygenation, as measured by a transcutaneous partial pressure of oxygen of 30 mm Hg or greater on the foot dorsum or at the margin of the ulcer;
2. Full-thickness ulcer (ie, stage III or IV), extending through dermis into subcutaneous tissues;
3. Participation in a wound-management program, which includes sharp debridement, pressure relief (ie, non-weight bearing), and infection control

Appropriate candidates for becaplermin gel for the treatment of pressure ulcers should meet **ALL** of the following criteria:

1. Full-thickness ulcer (ie, Stage III or IV), extending through dermis into subcutaneous tissues
2. Ulcer in an anatomic location that can be off-loaded for the duration of treatment
3. Albumin concentration >2.5 dL
4. Total lymphocyte count >1000 / $\mu$ L
5. Normal values of vitamins A and C

Individuals are typically treated once daily for up to 20 weeks or until complete healing. Application of the gel may be performed by the patient in the home.

The American Medical Association's Department of Coding instructs that placement of platelet-rich plasma into an operative site is an inclusive component of the operative procedure performed and not separately reported.

### Reference Resources

1. Blue Cross and Blue Shield Association Medical Policy; MPRM 2.01.16 - Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions. Last updated 02/2025. Accessed 05/2025
2. Blue Cross and Blue Shield Association Medical Policy; MPRM 2.01.26 - Prolotherapy. Last updated 12/2024. Accessed 05/2025.

### Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

### Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Prior approval may be required for Recombinant Platelet-Derived Factors as a Treatment of Wound Healing and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

### Policy Implementation/Update information

10/2016	Updated language and coding information. Coding additions/deletions or clarifications. Recombinant Platelet-Derived Factors as a Treatment of Wound Healing medical necessity criteria added.
05/2017	Updated Coding table additions/deletions or clarifications. Deleted ICD 9 coding table.
05/2019	Policy reviewed with no changes to policy statement.
08/2019	Updated procedure and coding tables to omit ranges. Deleted procedure code P9072 and revenue codes 0393-0398. Updated language to exclude Blue card home claims. Added to coding table: *Does not apply to Blue Card Home claims BCBSVT will process based on Host Plan billing guideline(s). P9100 with revenue code 0302 medically necessary.
01/2020	Adaptive Maintenance Added code P9099 as Non-Covered, Removed code 86999 from requiring prior approval claim will suspend and require clinical documentation for review.
10/2020	No changes to policy statement. Updated references and reorganized for clarity. Added the following codes to the coding table: L89.006, L89.016, L89.026, L89.106, L89.116, L89.126, L89.136, L89.146, L89.156, L89.206, L89.216, L89.226, L89.306, L89.316, L89.326, L89.46, L89.506, L89.516, L89.526, L89.606, L89.616, L89.626, L89.816, L89.896, L89.96. : Name changed from Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy and Recombinant and Autologous Platelet Derived
10/2021	Adaptive Maintenance: Added codes P9025 & P9026 to coding table.
11/2021	Policy reviewed, references updated no changes to policy statements.
12/2021	Adaptive Maintenance Effective 01/01/2021 added code G0465 to coding table as investigational.
08/2022	Policy reviewed; references updated. No changes to policy statement.

05/2023	Policy reviewed. Addition of “surgical wounds” as investigational indication for use of platelet-rich plasma. References updated. Minor formatting and language changes for clarity and consistency.
05/2024	Policy reviewed. No change to policy statement. References updated.
09/2024	Policy Reviewed. Coding table updated P9073 effective 01/01/2018, code was omitted from table in error.
05/2025	Policy reviewed. References updated. No changes made to policy statement.

### Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

### Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA  
Vice President & Chief Medical Officer

Tammaji P. Kulkarni, MD  
Senior Medical Director

Attachment I  
Coding Table & Instructions

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
Revenue Code	0380	Blood and Blood Products--General		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0381	Blood and Blood Products- Packed red cells		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0382	Blood and Blood Products- Whole blood and blood products		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0383	Blood and Blood Products-Plasma		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0384	Blood and Blood Products-Platelets		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0385	Blood and Blood Products-Leukocytes		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0386	Blood and Blood Products- Other components		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0387	Blood and Blood Products- Other		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0389	Blood and Blood Products- Other		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0390	Blood /Admin/ Storage		Not Covered, provider responsibility*	Not Covered, provider responsibility*
Revenue Code	0391	Blood Admin (e.g.transfusion services)	Must bill with CPT® Codes 36430, 36440, 36450, 36455, 36456, 36460	Covered	Not Covered - considered inclusive to Room and Board



Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
Revenue Code	0392	Blood/Processing /Storage	Must bill HCPCS Code with Revenue Code (P9010, P9011, P9012, P9016, P9017, P9019, P9020, P9021, P9022, P9023, P9025, P9026, P9031, P9032, P9033, P9034, P9035, P9036, P9037, P9038, P9039, P9040, P9043, P9044, P9045, P9046, P9047, P9048, P9050, P9051, P9052, P9053, P9054, P9055, P9056, P9057, P9058, P9059, P9060, P9070, P9071, P9073	Allow	Allow
Revenue Code	0399	Other processing and storage		Not Covered, provider responsibility*	Not Covered, provider responsibility*
CPT®	22899	Unlisted procedure, spine	Claim will suspend and require clinical documentation for review.		
CPT®	27599	Unlisted procedure, femur or knee	Claim will suspend and require clinical documentation for review.		
CPT®	29999	Unlisted procedure, arthroscopy	Claim will suspend and require clinical documentation for review.		

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
CPT®	41899	Unlisted procedure, dentoalveolar structures	Claim will suspend and require clinical documentation for review.		
CPT®	86999	Unlisted transfusion medicine procedure	Claim will suspend and require clinical documentation for review.		
HCPCS Codes	G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Prior Approval Required  Eligible for specific diagnosis codes, See Attachment II		
HCPCS	S0157	Becaplermin gel 0.01%, 0.5 gm	Prior Approval Required  Eligible for specific diagnosis codes, See Attachment II		
HCPCS	S9055	Procuren or other growth factor preparation to promote wound healing	Prior Approval Required  Eligible for specific diagnosis codes, See Attachment II		
HCPCS	P9010	Blood (whole) for transfusion, per unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9011	Blood (split unit) specify amount		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9012	Cryoprecipitate, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9016	Red blood cells, leukocytes reduced, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9017	Fresh frozen plasma (single donor), frozen within eight hours of collection, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9019	Platelets, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9021	Red blood cells, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9022	Red blood cells, washed, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit.		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9026	Cryoprecipitated fibrinogen complex,		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9031	Platelets (various type products), each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9032	Platelets, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9033	Platelets, leukocytes reduced, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9034	Platelets, pheresis, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9035	Platelets, pheresis, leukocytes reduced, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9036	Platelets, pheresis, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9038	Red blood cells, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9039	Red blood cells, deglycerolized, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9040	Red blood cells, leukocytes reduced, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9041	Infusion, albumin (human), 5%, 50 ml.		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9043	Infusion, plasma protein fraction (human), 5%, 50 ml.		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9044	Plasma, cryoprecipitate, reduced, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9045	Infusion, albumin (human), 5%, 250 ml		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9046	Infusion, albumin (human), 25%, 20 ml		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9047	Infusion, albumin (human), 25%, 50 ml		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9048	Infusion, plasma protein fraction (human) 5%, 250 ml.		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9050	Granulocytes, pheresis, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9051	Whole blood or red blood cells, leukocytes reduced		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9052	Platelets, matched leukocytes reduced, apheresis/pheresis each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9053	Platelets, pheresis, leukocytes reduced, cmv-negative, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9056	Whole blood, leukocytes reduced, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9058	Red blood cells, leukocytes reduced, CM V-negative, irradiated, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9059	Fresh frozen plasma between 8-24 hours of collection, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9060	Fresh frozen plasma, donor retested, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9070	Plasma, pooled multiple donor; pathogen reduced, frozen, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9071	Plasma (single donor), pathogen reduced, frozen, each unit		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9073	Platelets, pheresis, pathogen-reduced, each unit		<b>Not Covered, provider responsibility*</b>	Not Covered, provider responsibility*
HCPCS	P9090	Blood component or product not otherwise classified		Not Covered, provider responsibility*	Not Covered, provider responsibility*
HCPCS	P9099	Blood component or product not otherwise classified		Not Covered, provider responsibility*	Not Covered, provider responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9100	Pathogen(s) test for platelets		Not Covered, provider responsibility*	Not Covered, provider responsibility*
<b>The following codes will be denied as Investigational</b>					
HCPCS	G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	Investigational	Investigational	
HCPCS	M0076	Prolotherapy	Investigational	Investigational	
HCPCS	P9020	Platelet Rich Plasma	Investigational	Investigational	
CPT®	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed.	Investigational	Investigational	

**\*Does not apply to Blue Card Home claims. Blue Cross VT will process based on Host Plan billing guideline(s). (If Host Plan allows provider to be reimbursed, we will override denials on Home claims to allow benefits.)**



Attachment II

Eligible Diagnosis Codes for Recombinant and Autologous Platelet Derived  
Growth Factors as Treatment of Wound Healing

ICD-10-CM Code	Descriptor
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
L89.000	Pressure ulcer of unspecified elbow, unstageable
L89.001	Pressure ulcer of unspecified elbow, stage 1
L89.002	Pressure ulcer of unspecified elbow, stage 2
L89.003	Pressure ulcer of unspecified elbow, stage 3
L89.004	Pressure ulcer of unspecified elbow, stage 4
L89.006	Pressure-induced deep tissue damage of unspecified elbow
L89.009	Pressure ulcer of unspecified elbow, unspecified stage
L89.010	Pressure ulcer of right elbow, unstageable
L89.011	Pressure ulcer of right elbow, stage 1
L89.012	Pressure ulcer of right elbow, stage 2
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.016	Pressure-induced deep tissue damage of right elbow
L89.019	Pressure ulcer of right elbow, unspecified stage
L89.020	Pressure ulcer of left elbow, unstageable
L89.021	Pressure ulcer of left elbow, stage 1
L89.022	Pressure ulcer of left elbow, stage 2
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.026	Pressure-induced deep tissue damage of left elbow
L89.029	Pressure ulcer of left elbow, unspecified stage
L89.100	Pressure ulcer of unspecified part of back, unstageable
L89.101	Pressure ulcer of unspecified part of back, stage 1
L89.102	Pressure ulcer of unspecified part of back, stage 2
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4

ICD-10-CM Code	Descriptor
L89.106	Pressure-induced deep tissue damage of right elbow
L89.109	Pressure ulcer of unspecified part of back, unspecified stage
L89.110	Pressure ulcer of right upper back, unstageable
L89.111	Pressure ulcer of right upper back, stage 1
L89.112	Pressure ulcer of right upper back, stage 2
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.116	Pressure-induced deep tissue damage of right upper back
L89.119	Pressure ulcer of right upper back, unspecified stage
L89.120	Pressure ulcer of left upper back, unstageable
L89.121	Pressure ulcer of left upper back, stage 1
L89.122	Pressure ulcer of left upper back, stage 2
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.126	Pressure-induced deep tissue damage of left upper back
L89.129	Pressure ulcer of left upper back, unspecified stage
L89.130	Pressure ulcer of right lower back, unstageable
L89.131	Pressure ulcer of right lower back, stage 1
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.136	Pressure-induced deep tissue damage of right lower back
L89.139	Pressure ulcer of right lower back, unspecified stage
L89.140	Pressure ulcer of left lower back, unstageable
L89.141	Pressure ulcer of left lower back, stage 1
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.146	Pressure-induced deep tissue damage of left lower back
L89.149	Pressure ulcer of left lower back, unspecified stage
L89.150	Pressure ulcer of sacral region, unstageable
L89.151	Pressure ulcer of sacral region, stage 1
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4

ICD-10-CM Code	Descriptor
L89.156	Pressure-induced deep tissue damage of sacral region
L89.159	Pressure ulcer of sacral region, unspecified stage
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.201	Pressure ulcer of unspecified hip, stage 1
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.206	Pressure-induced deep tissue damage of unspecified hip
L89.209	Pressure ulcer of unspecified hip, unspecified stage
L89.210	Pressure ulcer of right hip, unstageable
L89.211	Pressure ulcer of right hip, stage 1
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.216	Pressure-induced deep tissue damage of right hip
L89.219	Pressure ulcer of right hip, unspecified stage
L89.220	Pressure ulcer of left hip, unstageable
L89.221	Pressure ulcer of left hip, stage 1
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.226	Pressure-induced deep tissue damage of left hip
L89.229	Pressure ulcer of left hip, unspecified stage
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.301	Pressure ulcer of unspecified buttock, stage 1
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.306	Pressure-induced deep tissue damage of unspecified buttock
L89.309	Pressure ulcer of unspecified buttock, unspecified stage
L89.310	Pressure ulcer of right buttock, unstageable
L89.311	Pressure ulcer of right buttock, stage 1
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4

ICD-10-CM Code	Descriptor
L89.316	Pressure-induced deep tissue damage of right buttock
L89.319	Pressure ulcer of right buttock, unspecified stage
L89.320	Pressure ulcer of left buttock, unstageable
L89.321	Pressure ulcer of left buttock, stage 1
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.326	Pressure-induced deep tissue damage of left buttock
L89.329	Pressure ulcer of left buttock, unspecified stage
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
L89.500	Pressure ulcer of unspecified ankle, unstageable
L89.501	Pressure ulcer of unspecified ankle, stage 1
L89.502	Pressure ulcer of unspecified ankle, stage 2
L89.503	Pressure ulcer of unspecified ankle, stage 3
L89.504	Pressure ulcer of unspecified ankle, stage 4
L89.506	Pressure-induced deep tissue damage of unspecified ankle
L89.509	Pressure ulcer of unspecified ankle, unspecified stage
L89.510	Pressure ulcer of right ankle, unstageable
L89.511	Pressure ulcer of right ankle, stage 1
L89.512	Pressure ulcer of right ankle, stage 2
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.516	Pressure-induced deep tissue damage of right ankle
L89.519	Pressure ulcer of right ankle, unspecified stage
L89.520	Pressure ulcer of left ankle, unstageable
L89.521	Pressure ulcer of left ankle, stage 1
L89.522	Pressure ulcer of left ankle, stage 2
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4

ICD-10-CM Code	Descriptor
L89.526	Pressure-induced deep tissue damage of left ankle
L89.529	Pressure ulcer of left ankle, unspecified stage
L89.600	Pressure ulcer of unspecified heel, unstageable
L89.601	Pressure ulcer of unspecified heel, stage 1
L89.602	Pressure ulcer of unspecified heel, stage 2
L89.603	Pressure ulcer of unspecified heel, stage 3
L89.604	Pressure ulcer of unspecified heel, stage 4
L89.606	Pressure-induced deep tissue damage of unspecified heel
L89.609	Pressure ulcer of unspecified heel, unspecified stage
L89.610	Pressure ulcer of right heel, unstageable
L89.611	Pressure ulcer of right heel, stage 1
L89.612	Pressure ulcer of right heel, stage 2
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.616	Pressure-induced deep tissue damage of right heel
L89.619	Pressure ulcer of right heel, unspecified stage
L89.620	Pressure ulcer of left heel, unstageable
L89.621	Pressure ulcer of left heel, stage 1
L89.622	Pressure ulcer of left heel, stage 2
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.626	Pressure-induced deep tissue damage of left heel
L89.629	Pressure ulcer of left heel, unspecified stage
L89.810	Pressure ulcer of head, unstageable
L89.811	Pressure ulcer of head, stage 1
L89.812	Pressure ulcer of head, stage 2
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.816	Pressure-induced deep tissue damage of head
L89.819	Pressure ulcer of head, unspecified stage
L89.890	Pressure ulcer of other site, unstageable
L89.891	Pressure ulcer of other site, stage 1
L89.892	Pressure ulcer of other site, stage 2
L89.893	Pressure ulcer of other site, stage 3
L89.894	Pressure ulcer of other site, stage 4

ICD-10-CM Code	Descriptor
L89.896	Pressure-induced deep tissue damage of other site
L89.899	Pressure ulcer of other site, unspecified stage
L89.90	Pressure ulcer of unspecified site, unspecified stage
L89.91	Pressure ulcer of unspecified site, stage 1
L89.92	Pressure ulcer of unspecified site, stage 2
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4
L89.95	Pressure ulcer of unspecified site, unstageable
L89.96	Pressure-induced deep tissue damage of unspecified site
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
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity
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-pressure 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
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity

ICD-10-CM Code	Descriptor
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
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified 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
L97.319	Non-pressure chronic ulcer of right ankle with unspecified 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

ICD-10-CM Code	Descriptor
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
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified 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
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
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified 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



ICD-10-CM Code	Descriptor
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
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified 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
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified 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

ICD-10-CM Code	Descriptor
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
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
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
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
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified 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

ICD-10-CM Code	Descriptor
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
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity

ICD-10-CM Code	Descriptor
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity