Bone Marrow Aspirate and Platelet-Rich Plasma

2026 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions regarding procedures completed with the products in this guide, the following information is shared for educational and strategic planning purposes only. It is the sole responsibility of the treating health care professional to diagnose and treat the patient, and to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure claims are accurate, complete, and supported by documentation in the patient's medical record. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the staff, in consultation with the physician, and in consideration of the procedure performed or therapy provided to a specific patient. Arthrex does not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy and legislation are subject to continual change.

FDA REGULATORY CLEARANCE INDICATIONS FOR USE

Angel® System
Angel system kits are to be used intraoperatively at the point of care for the safe and rapid preparation of autologous platelet-poor plasma and platelet concentrate (platelet-rich plasma) from a small sample of peripheral blood or a small sample of a mixture of peripheral blood and bone marrow. The platelet-poor plasma and platelet-rich plasma are mixed with autograft and/or allograft bone prior to application to a bony defect for improving handling characteristics (BK190383).

ACP Max™ System
The ACP Max PRP system is indicated to be used intraoperatively at the point of care for the safe and rapid preparation of autologous platelet concentrate platelet-rich plasma (PRP) from a small sample of peripheral blood or a small sample of a mixture of peripheral blood and bone marrow. The PRP is mixed with autograft and/or allograft bone prior to application to a bony defect for improving handling characteristics (BK210655).

Arthrex ACP® Double-Syringe System
The Arthrex ACP double-syringe kit is indicated for the safe and rapid preparation of autologous platelet-rich plasma from a small sample of peripheral blood at the patient's point of care. The PRP is mixed with autograft and/or allograft bone prior to application to a bony defect for improving handling characteristics (BK200442).

AlloSync™ Demineralized Bone Matrix
AlloSync bone product is indicated for orthopedic application as filler for gaps or voids that are not intrinsic to the stability of the bony structure. AlloSync bone product is indicated to be packaged gently into bony gaps in the skeletal system as a bone graft extender (extremities, spine, pelvis) and as bony void filler of the extremities and pelvis. These defects may be surgically created or occur following traumatic injury to the bone (K040419).

AlloSync Demineralized Bone Matrix With Cancellous Bone
For orthopedic use, AlloSync CB paste and putty are intended for use as an autograft extender (extremities, spine, pelvis) and as a bone void filler (extremities and pelvis) for bony voids or gaps that are not intrinsic to the stability of the bony structure. The AlloSync CB products are indicated to be packed gently into bony defects of the skeletal system. These defects may be surgically created or occur following traumatic injury to the bone (K040419, K070751).

ArthroCell™ Viable Bone Matrix
Establishment registration and listing for human cells, tissues, and cellular and tissue-based products are described in 21 CFR 1271.0.

BoneSync™ BioActive Synthetic Bone Void Filler
BoneSync strips and putty, combined with bone marrow aspirate (BMA), are intended for use as bone void filler to fill voids or gaps of the skeletal system in the extremities, spine, and pelvis not intrinsic to the stability of the bony structure. BoneSync strips and putty are also indicated for use in the treatment of surgically treated osseous defects or osseous defects created from traumatic injury to the bone. Following placement in the bony void or gap (defect), BoneSync strips (K063124) and putty (K062353) are resorbed and replaced with bone during the healing process.

Value Analysis Significance

Arthrex provides a comprehensive portfolio of autologous blood solutions to process peripheral blood and bone marrow. This portfolio provides physicians with a variety of platelet-rich plasma and concentrated bone marrow aspirate formulations best suited for Helping Surgeons Treat Their Patients Better®.

Coding Considerations

Codes provide a uniform language for describing services performed by health care providers. The actual selection of codes depends on the primary surgical procedure, supported by details in the patient's medical record about medical necessity. It is the sole responsibility of the health care provider to correctly prepare claims submitted to insurance carriers.

Category III CPT®[a] codes, also commonly referred to as 'T' codes, are temporary codes for emerging medical services and procedures. They consist of four numeric digits followed by the letter 'T.' Such codes are primarily used for data collection to track utilization. In most instances, Category III CPT codes are considered Investigational/Experimental (I/E) by payors and, as a result, are not reimbursed.

For Medicare patients in particular, health care providers and patients may opt for a cash-pay agreement for such services and procedures. The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers in situations where Medicare payment is expected to be denied. Link to Medicare ABN page: FFS ABN | CMS

2026 Medicare National Average Payment Rates (Not Adjusted for Geography)		**Physician**[b,c]		**Hospital Outpatient**[d]		**ASC**[e]
CPT®[a] Code HCPCS Code	Code Description	Work RVUs	Medicare National Average	APC and APC Description	Medicare National Average	Medicare National Average
Platelet-Rich Plasma						
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	0.0	$0 (carrier-priced)	5735 – Level 5 Minor procedures	$456.40	Packaged service/item; no separate payment made

[a] CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association. Health care providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.

[b] AMA CPT 2026 and CMS PFS 2026 Final Rule

[c] CMS Conversion Factor (CF) effective January 1, 2026: $33.5675

[d] CMS 2026 OPPS Final Rule @ www.cms.gov

[e] CMS 2026 ASC Final Rule @ www.cms.gov

HCPCS Code	Code Description	Notes
C1713	**Anchor / screw for opposing bone-to bone or soft tissue-to-bone (implantable)** Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissue via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plate with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (ie, bone substitute implanted into a bony defect created from trauma or surgery).	For Medicare, anchors/screws/ joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc). For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing by the facility may be allowed. Contact the patient's insurance company or the facility's payer contract for further information.
C1762	**Connective tissue, human** These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue.	
L8699	**Prosthetic implant, not otherwise specified** This code reports prosthetic implants that are not otherwise described in more specific HCPCS Level II codes.	
A4649	**Surgical supplies; miscellaneous** This code reports miscellaneous surgical supplies and should only be reported if a more specific HCPCS Level II or CPT code is not available.	

List of pass-through payment device category codes (updated September 2022): https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment

For more information about the primary procedure, please speak with your admitting surgeon. You may also call the Arthrex Coding Helpline at 1-844-604-6359 or email AskMarketAccess@arthrex.com.

The content provided in this guide is for informational purposes only. The Arthrex Coding Helpline does not guarantee reimbursement by third-party payers.

The information provided in this handout was obtained from many sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content on this website is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for health care procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that we assume will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for health care procedures. It is the sole responsibility of the medical provider to determine the appropriate coding.

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