Autologous Whole Blood Clot

Point-of-care wound management system

A personalized approach to wound management

The autologous whole blood clot is a point-of-care wound management solution created from your patient's whole blood. Once applied, the blood clot serves as a protective covering and may optimize the body's own healing potential.

- **Platelets.** A rich source of biologically active growth factors.
- **Extracellular matrix.** Functional ECM to enable cell adhesion and granulation tissue formation.
- **Endogenous cells.** Macrophages coordinate the healing process, modulate inflammation, source growth factors, and enable granulation tissue formation.



PROVEN OUTCOMES

173% more patients healed

in the intervention arm vs. standard of care (ITT population); odds ratio 2.73.[1]

STREAMLINED PROCEDURE

No centrifuge

5-minute coagulation, with the flexibility to draw and store blood up to 24 hours before the procedure.

NATURAL HEALING

Even on blood thinners

Made from the patient's own peripheral whole blood for an optimal, natural healing environment.

EASILY ADAPTABLE

28 cm^2 clot, 56 cm^2 wound

A single application of the 28 cm^2 whole blood clot can be applied up to a 56 cm^2 wound.

CHOOSE WITH CONFIDENCE

Reimbursable: G0465

Described by NCD 270.3 as a blood-derived product. Commercial payor policies may vary.

AUTOLOGOUS

Immediately available

A personalized solution for patients with religious constraints, ready at point of care.

How it works

1 Mix

Created at point of care in 5 minutes by mixing fresh whole blood with proprietary coagulation powder.

2 Apply

Applied directly to the wound surface, retaining the cellular contents required for natural wound healing.

3 Heal

Promotes the healing cascade and serves as a protective covering supporting natural wound healing.

Medicare & Medicare Advantage reimbursement

HCPCS **G0465** (diabetic chronic ulcers). 2026 Medicare national payment, physician office: **$1,064.49**. CMS covers autologous PRP for chronic non-healing diabetic ulcers for up to 20 weeks (NCD 270.3). See reverse for billing details.

Ready to use, out of the box

Product # **RD2201** | 5 systems per box
Storage 41°F - 86°F | Clot size 28 cm^2

Order & Customer Support: Phone (817) 961-1288 | Fax (866) 300-0431

Safety information: Available on request. Contraindicated for ulcers due to malignancy and ulcers with active clinically diagnosed infection.

[1] Snyder R, Nouvong A, Ulloa J, et al. Efficacy and safety of autologous whole blood clot in diabetic foot ulcers: a randomized controlled trial. J Wound Care. 2024; published online 30 Aug 2024. doi:10.12968/jowc.2024.0195

Billing & Coding at a Glance

G code + E code + L code | Office setting

Reimbursement support: your billing & coding resource

Contact our reimbursement team for **benefit verification**, **prior authorization**, and **coding, billing, and reimbursement** questions.

(817) 961-1288

Three code types make up one claim

G CODE

The procedure (HCPCS)

G0465 - diabetic chronic ulcers (FDA-cleared device). MPFS status A.
G0460 - non-diabetic chronic ulcers. Contractor priced (status C); coverage set by your local MAC.

Each code covers the whole treatment: phlebotomy, mixing/prep, administration, and dressings, per treatment.

2026 office payment, G0465: $1,064.49 (facility: $83.84)

E CODE

The diabetes diagnosis (ICD-10-CM)

Reports the patient's **diabetes mellitus with ulcer**. Ten codes, E08 through E13:
.621 = with foot ulcer
.622 = with other skin ulcer

Example: E11.621 = Type 2 diabetes mellitus with foot ulcer.

Required with G0465 (diabetic ulcers). G0460 is the code for non-diabetic ulcers.

L CODE

The chronic ulcer diagnosis (ICD-10-CM)

Reports the **ulcer itself**: where it is, which side, and how deep.
L97 = lower limb (thigh to foot)
L98 = buttock, trunk, face, arms, hands, other sites

Last digit = depth/severity (skin breakdown, fat exposed, muscle or bone involvement, necrosis, other).

181 codes listed in the Billing Guide.

How it works, step by step

1 Verify
Call Reimbursement support for benefit verification and prior authorization.

2 Document
Chart the ulcer's site, depth, and diabetes status. Documentation must support the codes selected.

3 Treat
Perform the treatment in the office (POS 11).

4 Code
Bill **G0465** with one **E code** and one **L code**. (Non-diabetic ulcers: G0460; confirm requirements with your MAC.)

5 Extend
At 21+ weeks, document continued progress and why more applications are needed; append **modifier KX**.

ILLUSTRATIVE CLAIM LINE

G0465 + E11.621 + L97.512

Type 2 diabetes with a foot ulcer (E), on the other part of the right foot with fat layer exposed (L), treated with an autologous whole blood clot (G). Example only; code selection must reflect the patient's documented condition.

Key billing rules to remember

- **Both diagnosis codes are needed.** G0465 claims without a diabetes mellitus (E) code *and* a chronic ulcer (L) code may be denied.
- **20-week coverage window.** Under NCD 270.3, CMS covers autologous PRP for chronic non-healing diabetic ulcers for 20 weeks; coverage beyond that is decided by your local MAC.
- **Places of service for professional claims:** 11 Office (this sheet), 12 Home, 19 Off-campus outpatient hospital, 22 On-campus outpatient hospital, 31 SNF Part B, 49 Independent clinic.
- **Contraindications:** ulcers due to malignancy; ulcers with active clinically diagnosed infection.
- **Confirm locally.** Check your MAC and private payers for current payment; the CMS wage index can affect published MPFS rates.

Sources: Medicare NCD 270.3; CY 2026 Medicare Physician Fee Schedule Final Rule (CMS-1832-FC).

Disclaimer: General information only; not legal, reimbursement, business, clinical, or other advice, and not a guarantee of coverage or payment. Nothing here is an instruction to select any particular code. Responsibility for coding and claims accuracy remains with the provider. Laws, regulations and coverage policies change frequently; verify with your local carrier or a qualified coding/reimbursement specialist.