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Owner Heather Jones:
VP Clinical
Services
Area Medical Policy
Lines Of Business Commercial,
Mountain Health Trust,
PEIA
+ 1 more

Platelet Rich Plasma

PURPOSE:

This policy is designed to discuss the medical necessity criteria for platelet rich plasma and autologous platelet-derived growth factors.

DEFINITIONS:

Autologous Platelet-Derived Growth Factors (PGDF): A type of autologous growth factor that is derived from platelets via centrifuged autologous blood or by using recombinant DNA. PGDFs are intended to assist in angiogenesis.

Platelet Rich Plasma (PRP): An autologous platelet concentrate that is prepared from samples of centrifuged autologous blood.

PROCEDURE:

1. The use of platelet rich plasma may be considered medically necessary for the following indications:
 1. For the treatment of non-healing diabetic wounds and/or ulcers for up to 20 weeks of treatment. **Beyond the initial 20-weeks, additional review is required.**
2. The use of platelet rich plasma for all other indications is considered experimental and investigational, including, but not limited to any of the following:
 1. Anterior cruciate ligament (ACL) repair
 2. Acute surgical wound treatment and/or the treatment of dehiscent surgical wounds (i.e. when the PRP is applied directly to the incision)

3. Autologous platelet derived growth factor (PGDF) for the treatment of chronic, non-healing cutaneous wound
4. Epicondylitis
5. Epithelial defects of the cornea
6. Fractures, including long-bone nonunion
7. For use in bone augmentation, grafting, regeneration, substitution, and/or healing either alone, or in conjunction with, other bone graft materials
8. Joint capsular injuries
9. Intradiscal implantation of stromal vascular fraction plus platelet-rich plasma for the treatment of degenerative disc disease (DDD)
10. Intradiscal injection of platelet-rich plasma for discogenic LBP
11. Muscle injuries and disorders
12. Osteoarthritis of the knee
13. Plantar fasciitis treatment
14. Periodontal disease, gingival recession and dental surgery
15. Sinus augmentation procedures
16. Soft tissue trauma (e.g., tendon and ligament ruptures)
17. Total knee arthroplasty
18. Tendonitis treatment
19. Viscosupplementation in combination with platelet rich plasma

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs), applicable Local Coverage Determinations (LCDs), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guidelines listed in the reference section.

While the above policy does align with Medicare guidelines, please reference the following CMS guidelines for additional information:

- [NCD 270.3 Blood-Derived Products for Chronic Non-Healing Wounds](#)
- [LCD L38745 Platelet Rich Plasma](#)
- [LCA A58282 Billing and Coding: Platelet Rich Plasma](#)

CODING:

Procedure Codes:

CPT/HPCPS codes that may be covered when above criteria are met:

Code	Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
G0460	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)

Non-covered HCPCS codes:

Code	Description
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)
P9020	Platelet rich plasma, each unit

Diagnosis Codes:

Covered Diagnosis Codes:

ICD-10 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

REFERENCES:

Browne JA, Nho SJ, Goodman SB, Della Valle CJ. American Association of Hip and Knee Surgeons, Hip Society, and Knee Society Position Statement on Biologics for Advanced Hip and Knee Arthritis. *J Arthroplasty*. 2019;34(6):1051-1052. doi:10.1016/j.arth.2019.03.068. Accessed April 14, 2023.

Rayman G, Vas P, Dhatariya K, et al. Guidelines on use of interventions to enhance healing of chronic foot ulcers in diabetes (IWGDF 2019 update). *Diabetes Metab Res Rev*. 2020;36 Suppl 1:e3283. doi:10.1002/dmrr.3283. Accessed April 14, 2023.

Xia Y, Zhao J, Xie J, Lv Y, Cao DS. The efficacy of platelet-rich plasma dressing for chronic nonhealing ulcers: a meta-analysis of 15 randomized controlled trials. *Plast Reconstr Surg*. 2019;144(6):1463-1474. doi:10.1097/PRS.00000000000006281. Accessed April 14, 2023.

Dai J, Jiang C, Sun Y, Chen H. Autologous platelet-rich plasma treatment for patients with diabetic foot ulcers: a meta-analysis of randomized studies. *J Diabetes Complications*. 2020;34(8):107611. doi:10.1016/j.jdiacomp.2020.107611. Accessed April 14, 2023.

Del Pino-Sedeño T, Trujillo-Martín MM, Andia I, et al. Platelet-rich plasma for the treatment of diabetic foot ulcers: a meta-analysis. *Wound Repair Regen*. 2019;27(2):170-182. doi:10.1111/wrr.12690. Accessed April 14, 2023.

Ding H, Fu XL, Miao WW, Mao XC, Zhan MQ, Chen HL. Efficacy of autologous platelet-rich gel for diabetic foot wound healing: a meta-analysis of 15 randomized controlled trials. *Adv Wound Care (New Rochelle)*. 2019;8(5):195-207. doi:10.1089/wound.2018.0861. Accessed April 14, 2023.

Li Y, Gao Y, Gao Y, et al. Autologous platelet-rich gel treatment for diabetic chronic cutaneous ulcers: a meta-analysis of randomized controlled trials. *J Diabetes*. 2019;11(5):359-369. doi:10.1111/1753-0407.12850. Accessed April 14, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 270.3. Blood-Derived Products for Chronic Non-Healing Wounds. Effective April 13, 2021, implemented November 9, 2021. Accessed April 14, 2023.

Palmetto GBA. Local Coverage Article (LCA) A58282. Billing and Coding: Platelet Rich Plasma. Effective February 7, 2021, revised January 23, 2023. Accessed April 14, 2023.

Palmetto GBA. Local Coverage Determination (LCD) L38745. Platelet Rich Plasma. Effective February 7, 2021, revision effective March 23, 2023. Accessed April 14, 2023.

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-

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All Revision Dates

5/24/2023

Approval Signatures

Step Description	Approver	Date
EMT Approval	Mumtaz Ibrahim, MD: Chief Medical Officer	7/29/2024
PAC Approval	Robert Wetzel, MD: Medical Director	7/29/2024
Medical Directors Oversight Committee	Robert Cross, MD: Medical Director	7/29/2024
	Heather Jones: VP Clinical Services	6/18/2024

Lines Of Business

Commercial, Mountain Health Trust, PEIA, Self-Funded