



Last Approved 5/24/2023

Effective 7/10/2023

Next Review 5/23/2024

Area Medical Policy  
Lines Of Business All Lines of Business

## 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:

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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.

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## **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-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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### **All Revision Dates**

5/24/2023