# *Medicare Medical Policy*

# Platelet-Rich Plasma (PRP) for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions

**MEDICARE MEDICAL POLICY NUMBER:** 224

**Effective Date:** 8/1/2024

**Last Review Date:** 7/2024

**Next Annual Review:** 7/2025



**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

## *PRODUCT AND BENEFIT APPLICATION*

☒ Medicare Only

## MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

**Note:** This policy does not address platelet-derived growth factors, including recombinant growth factors (e.g., Regranex® [becaplermin gel]) and growth factors that are autologous in origin.

| Service | Medicare Guidelines |
|---|---|
| *Platelet-Rich Plasma (PRP) and other Blood-Derived Products for Chronic Non-Healing **Wounds*** | National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wounds (270.3)<br><br>This NCD is used for the following:<br>• Autologous PRP for the treatment of chronic non-healing ***diabetic*** wounds;<br>• Autologous PRP for the treatment of ***acute surgical*** wounds or for dehiscent wounds;<br>• Autologous platelet derived growth factor (PDGF) products; and<br>• Becaplermin, a **non**-autologous growth factor. |
| *PRP for **Non-Wound** Indications* | Local Coverage Determination (LCD): Platelet Rich Plasma Injections for Non-Wound Injections (L39060)<br><br>See also the LCD: Epidural Steroid Injections for Pain Management (L39242) for platelet-rich plasma used for injection into the epidural space for inflammatory arthritis and other rheumatological conditions. *(Search for "platelet-rich plasma" within the LCD)* |

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

## POLICY CROSS REFERENCES

- Clinical Trials, Studies and Registries, MP233

**The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.**

## POLICY GUIDELINES

**BACKGROUND**

Services rendered **prior to** April 13, 2021 required patient enrollment in a clinical research study that is Medicare approved. A list of Medicare approved studies can be found on the Medicare Coverage with Evidence Development (CED) website: https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Autologous-Platelet-rich-Plasma

**As of** April 13, 2021, Medicare no longer requires PRP for diabetic wounds or ulcers to be rendered in the setting of a Medicare-approved study; however, the use of PRP for any indication not addressed by the NCD is at local Medicare Administrative Contractor (MAC) discretion.

## REGULATORY STATUS

**U.S. FOOD & DRUG ADMINISTRATION (FDA)**

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## BILLING GUIDELINES AND CODING

**GENERAL**

See the associated local coverage article (LCA) for additional billing and coding guidelines:

- LCA: Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections (A58790)

**HCPCS G0465**

HCPCS code G0465 is a new code as of April 13, 2021, used for *diabetic* wounds and ulcers, which are addressed in the context of NCD 270.3.

**HCPCS G0460**

As of April 13, 2021, this code is no longer used in the context of NCD 270.3 for diabetic wounds because the code description was revised to indicate it is used for **non**-diabetic wounds/ulcers.

| CODES* | | |
|---|---|---|
| **CPT** | 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed |
| **HCPCS** | G0460 | Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment |
| | 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 |

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## *REFERENCES*


1. Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services, §11.3 - – Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds; Last Accessed: 1/28/2022; Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf.
2. Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services, §69 - Qualifying Clinical Trials; Last Accessed: 1/28/2022; Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf.


## *POLICY REVISION HISTORY*

| DATE | REVISION SUMMARY |
|---|---|
| 9/2022 | Annual review (converted to new format 2/2023) |

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|---|---|
| 8/2023 | Annual review; no change to criteria |
| 8/2024 | Annual review; add reference to LCD L39242 for PRP injection into the epidural space |