


MEDICAL POLICY	Platelet-Rich Plasma (PRP) for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Medicare Only)
Effective Date: 9/1/2022	Medical Policy Number: 224
 9/1/2022	Medical Policy Committee Approved Date: 10/18; 11/19; 08/2020; 8/2021; 2/2022; 8/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

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
<i>Platelet-Rich Plasma (PRP) and other Blood-Derived Products for Chronic Non-Healing Wounds</i>	National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wounds (270.3) This NCD is used for the following uses of PRP: <ul style="list-style-type: none"> Autologous PRP for the treatment of chronic non-healing diabetic wounds; Autologous PRP for the treatment of acute surgical wounds or for dehiscent wounds.
<i>PRP for Non-Wound Indications</i>	Local Coverage Determination (LCD): Platelet Rich Plasma Injections for Non-Wound Injections (L39060)

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POLICY GUIDELINES

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.

BILLING GUIDELINES

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.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
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)

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Not Covered	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
P9020	Platelet rich plasma, each unit

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

MEDICAL POLICY CROSS REFERENCES

Clinical Trials and IDE Studies (Medicare Only), MP233

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:

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf>.