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

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

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

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.

Service	Medicare Guidelines
Blood-Derived Products for Chronic Non-Healing Wounds **Includes platelet-rich plasma for chronic non-healing wounds*	• National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wounds (270.3)[1] - *See section C. Nationally Non-covered Indications for situations not addressed in section B. Nationally Covered Indications.* - *See Claims Processing Instructions at the bottom of the NCD for additional information.* - *Clinicaltrials.gov identifier numbers for autologous PRP are listed on the CMS website.*[2] • Medicare Claims Processing Manual Pub. 100-04, chapter 32, sections 11.3 and 69[3]

	- *Scroll to the section in the Table of Contents and click on the section number.*

Per the Medicare Policy Manual commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Platelet-Rich Plasma (PRP) for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions,** *applies to the following services:*

- Orthopedic Indications, including but not limited to:
  - Achilles tendon rupture and/or tendinopathy
  - Anterior cruciate ligament (ACL) tendinopathy
  - Lateral epicondylitis
  - Patellar tendinopathy
  - Plantar fasciitis
  - Rotator cuff tears (full and partial) and tendinopathy
- Other miscellaneous conditions, including but not limited to:
  - Aesthetic indications, including but not limited to:
    - Ageing skin and other dermatological conditions
    - Alopecia

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
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)

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Chronic Non-Healing Wounds (270.3). https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=217. Accessed 7/19/2021.
2. Centers for Medicare & Medicaid Services. Autologous Platelet-Rich Plasma. https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Autologous-Platelet-rich-Plasma. Published 2020. Accessed 7/19/2021.
3. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Pub.100-04, Chapter 32 – Billing Requirements for Special Services, section 11.3 and section 69. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf. Accessed 7/19/2021.