PURPOSE

This policy outlines guidelines and criteria for coverage determination of autologous platelet-rich plasma infusion.

DESCRIPTION

Autologous platelet-rich plasma, a platelet concentrate suspended in plasma, is prepared from samples of centrifuged autologous blood. Platelets are stimulated to release a variety of growth factors by addition of thrombin and calcium. A platelet gel is created which has been used during surgery with the intent of accelerating healing and improving surgical outcomes. In addition, PRP has been studied for improving healing of chronic wounds. Platelet-rich plasma injections have been proposed for the treatment of a multitude of conditions and as an adjunct therapy in various surgical procedures.

GUIDELINES/INSTRUCTIONS

POSITION:

For Medallion 4 and CCC Plus Members:
Virginia Premier Health Plan considers platelet-rich plasma to be not medically necessary for all indications due to a lack of peer-reviewed evidence of its efficacy.

For MAPD and DSNP Members:

CMS covers autologous platelet-rich plasma (PRP) only for patients who have chronic non-healing diabetic, pressure, and/or venous wounds and when all the following conditions are met:

1. The patient is enrolled in a clinical research study that addresses the following questions using validated and reliable methods of evaluation.
2. Clinical study applications for coverage pursuant to this National Coverage Determination (NCD) must be approved by August 2, 2014. The clinical research study must meet the requirements specified below to assess the effect of PRP for the treatment of chronic non-healing diabetic, pressure, and/or venous wounds. The clinical study must address:

Prospectively, do Medicare beneficiaries that have chronic non-healing diabetic, pressure, and/or venous wounds who receive well-defined optimal usual care along with PRP therapy, experience clinically significant health outcomes compared to patients who receive well-defined optimal usual care for chronic non-healing diabetic, pressure, and/or venous wounds as indicated by addressing at least one of the following:

a. complete wound healing;
b. ability to return to previous function and resumption of normal activities; or
c. reduction of wound size or healing trajectory, which results in the patient's ability to return to previous function and resumption of normal activities?

CMS issued a Medicare National Coverage Determination on August 2, 2012 which allows coverage of autologous PRP under coverage with Evidence Development (CED) with certain conditions. The complete determination is available on our website.

CODING

When services are considered not medically necessary:

ICD-10 Diagnosis
All diagnoses

HCPCS Code

G0460 Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

S0157 Becaplermin gel 0.01%, 0.5 gm (Status Indicator of “I” on Medicare Physician Fee Schedule) (Invalid for Medicare Billing Purposes)

S9055 Procuren or other growth factor preparation to promote wound healing (Status Indicator of “I” on Medicare Physician Fee Schedule) (Invalid for Medicare Billing Purposes)

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

P9020 Platelet rich plasma, each unit

CPT
None

**When services are covered per CMS national coverage determination:**

**ICD-10 Diagnosis**

- E11.621 Type 2 diabetes mellitus with foot ulcer
- E10.621 Type 1 diabetes mellitus with foot ulcer

**HCPCS Code**

- G0460 Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
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- P9020 Platelet rich plasma, each unit

**REFERENCES**


2017;31(2):158-172. PMID 26928856

Related Documents

Revised: N/A

Revision History

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