POLICY – MPP – Autologous Platelet-Rich Plasma

Department/Team	Medical Management/Medical Payment Policy (MPP)
Approval By	HQUM
Approval Date	3/28/2022
Effective Date	7/1/2021
Line of Business	☒ Virginia Premier (Medicaid) ☒ D-SNP

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 Medicaid:
Virginia Premier Health Plan considers platelet-rich plasma to be medically necessary for the treatment of chronic non-healing diabetic wounds when clinical documentation supports that the member meets the following criteria:

1. The member's wound has failed to improve or has increased in size following at least a thirty-day trial of conservative wound care management. Clinical documentation, including size of wound and adherence to prescribed treatment must be included.
    a. Appropriate wound care management includes, but is not limited to:
        - Control of edema, venous hypertension, and/or lymphedema
        - Treatment of infection
        - Removal of any foreign body or malignancy
        - Debridement of necrotic tissue
        - Appropriate off-loading of pressure, protection from trauma, and elimination of aggravating factors

- For venous stasis ulcers, compression therapy with diligent use of multilayer dressing of >20 mmHG pressure or pneumatic compression

AND

2. The documentation must support that the wound:
   a. does not involve tendon, muscle, joint capsule, exposed bone, or sinus tracts
   b. has a clean granular base
   c. is at least 1.0 cm in size
   d. is clean without necrotic debris or exudate
   e. has adequate circulation to support wound healing
   f. does not have evidence of infection or foreign body

   AND
3. If applicable, the provider must have counseled the member on smoking cessation; AND
4. The documentation must support that the member's diabetes mellitus is under appropriate treatment

Virginia Premier Health Plan considers platelet-rich plasma to be NOT medically necessary for all other indications due to a lack of peer-reviewed evidence of its efficacy.

For Medicare:

1. Effective for services performed on or after April 13, 2021, the Centers for Medicare & Medicaid Services (CMS) will cover autologous PRP for the treatment of chronic non-healing diabetic wounds for a duration of 20 weeks, when prepared by devices whose Food and Drug Administration-cleared indications include the management of exuding cutaneous wounds, such as diabetic ulcers.
2. CMS does NOT cover autologous PRP for:
   a. Autologous PDGF for the treatment of chronic, non-healing cutaneous wounds
   b. Becaplermin, a non-autologous growth factor for chronic, non-healing subcutaneous wounds
   c. Autologous PRP for the treatment of acute surgical wounds when the autologous PRP is applied directly to the closed incision, or for dehiscent wounds.

3. Per Local Coverage Determination (LCD) platelet Rich Plasma (L38745), all platelet-rich plasma injections and/or applications as a means of managing musculoskeletal injuries and/or joint conditions are NOT covered.

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
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

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Related Documents

Revision History		
Date	**By**	**Description**
11/16/2022	Amy Ridolphi	Updates to the template