

**PLATELET RICH PLASMA/PLATELET RICH FIBRIN MATRIX/  
AUTOLOGOUS BLOOD-DERIVED PRODUCTS/BMAC**

**Effective Date: April 6, 2018**

**Review Dates: 6/08, 6/09, 6/10, 6/11, 6/12, 6/13, 8/14,  
8/15, 2/16, 2/17, 2/18**

**Date Of Origin: June 2008**

**Status: Current**

**Summary of Changes**

Clarifications:

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Deletions:

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Additions:

- Pg. 1, Section I, language added to reflect Bone Marrow Aspirate Concentrate (BMAC)/mesenchymal stem cells are considered investigational.
- Pg. 1, Section I, H, osteoarthritis added to list of indications for which Platelet rich plasma (PRP)/Autologous blood-derived growth factors/Bone Marrow Aspirate Concentrate (BMAC)/mesenchymal stem cells are considered investigational.

**I. POLICY/CRITERIA**

Platelet rich plasma (PRP)/Autologous blood-derived growth factors/Bone Marrow Aspirate Concentrate (BMAC)/mesenchymal stem cells are considered investigational for all indications, including, but not limited to:

- A. Chronic non-healing wounds
- B. Epicondylitis (e.g., tennis elbow, elbow epicondylar tendinosis)
- C. Plantar fasciitis
- D. Dupuytren's contracture
- E. Bone healing and fusion, including as an adjunct to spinal fusion
- F. Sinus surgery
- G. Avascular necrosis of the hip
- H. Osteoarthritis

For Medicare members:

1. CMS covers autologous blood-derived products/PRP for chronic non-healing wounds under the Coverage with Evidence Development (CED) program. Program information @ <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Autologous-Platelet-rich-Plasma.html>
2. CMS does not cover autologous blood-derived products/PRP for any indication other than #1.

**II. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

**IV. DESCRIPTION**

Platelet rich plasma (PRP) and fibrin matrix (PRFM), or autologous platelet-derived growth factors, are proposed as an adjunct to standard treatment for a number of indications including wound care for the treatment of diabetic ulcers and venous stasis ulcers, bone augmentation and fusion, tendonitis, and plantar fasciitis.

Administration of PRP is a procedure and is, therefore, not subject to regulation by the Food and Drug Administration (FDA). However, the devices used to prepare PRP are regulated by the FDA premarket approval process. Several centrifuge devices have been approved by the FDA for preparation of PRP.

One example of a commercially available device, the Cascade® Autologous Platelet System produces a completely autologous platelet biologic with a high concentration of viable platelets, extracted from a small amount of the patient's own blood, spun through a centrifugation process and resulting in a dense suturable platelet rich fibrin matrix (PRFM) that can be delivered directly to the tear site and sutured in place to potentially stimulate a reparative healing response for soft tissue and bone repair.

There is insufficient evidence to support the use of autologous platelet-derived growth factors for any indication at this time.

**V. CODING INFORMATION**

**ICD-10 Codes:** *Not specified*

**CPT/HCPCS Codes:**

*Not Covered for the indications listed in this policy*

- 0232T Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed
- 0481T Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
- 20939 Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) *(not separately payable)*
- 20999 Unlisted procedure, musculoskeletal system, general *(Explanatory notes must accompany claims)*
- 38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
- 38232 Bone marrow harvesting for transplantation; autologous
- 38241 Hematopoietic progenitor cell (HPC); autologous transplantation
- G0460 Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment *(Covered for Medicare only)*
- P9020 Platelet rich plasma, each unit *(facility only)*
- P9073 Platelets, pheresis, pathogen-reduced, each unit

**Revenue Codes:**

- 0384 Platelets
- 0390 Administration, Processing and Storage for Blood and Blood Components, General
- 0399 Other processing and storage

**VI. REFERENCES**

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