I. POLICY/CRITERIA

Platelet rich plasma (PRP)/Autologous blood-derived growth factors 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. Autologous stem cell therapy for treatment of avascular necrosis of the hip

For Medicare members:
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.
MEDICAL POLICY
No. 91553-R2
Platelet Rich Plasma/Platelet Rich Fibrin Matrix/Autologous Blood-Derived Products

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

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

VI. REFERENCES


AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.