Subject: Platelet-Rich Plasma, Blood Derived Products, and Platelet-Derived Growth Factor Products for the Treatment of Wounds and Other Injuries

Medical Policy #: 16.16
Status: Reviewed

Original Effective Date: 02/24/2010
Last Review Date: 03/24/2021

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Wound healing is a dynamic, interactive process that involves multiple cells and proteins. There are two general types of wounds: acute and chronic. Wounds are categorized as acute when the normal wound healing stages are not yet completed but it is presumed they will be. A chronic wound has failed to progress through the normal wound healing stages and repair itself within a sufficient time frame (typically considered to be 30 days).

Autologous blood-derived products are produced from blood donated by the patient and centrifuged to produce a gel. Autologous blood-derived products include both platelet-derived growth factor (PDGF) products (such as Procuren) and platelet-rich plasma (PRP) product (such as AutoloGel™). These preparations have been investigated for a number of indications, but there is insufficient evidence to support its use, except for the setting of Clinical Trail recognized by CMS.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Commercial and Medicaid members:

1. Platelet-Derived Growth Factor (PDGF):

   Presbyterian uses MCG criteria # ACG: A-0630. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization. PDGF is considered uncertain and is not covered for the following (not an all-inclusive) list:
   - Achilles tendinopathy or ruptured Achilles tendon
   - Androgenetic alopecia,
   - Angina (class III or IV) not amenable to revascularization
   - Bone healing
   - Burns
   - Carpal Tunnel Syndrome
   - Cervical ectopy
   - Chronic skin wounds
   - Low Back Pain, Chronic
   - Enterocutaneous fistula closure
   - Joint replacement
   - Lateral epicondylitis
   - Ligament, tendon and muscle injuries
   - Myringoplasty
   - Osteoarthritis of the ankle, hip, knee and other knee pathology
   - Osteoarthritis of the knee and other knee pathology and temporomandibular joint
   - Osteoradionecrosis of the jaw prevention
   - Periodontal disease
   - Plantar fasciitis
   - Thyroidectomy,
   - Tonsillectomy
   - Urethral Stricture

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].
2. **Becaplermin PDGF (recombinant PDGF):**
   Note: The use of becaplermin (S0157) is non-covered, see NCD 270.3.

   PHP uses MCG ACG: A-0325-AC, Becaplermin PDGF coverage is considered when using topical gel containing Becaplermin for diabetic ulcers of the lower extremity. Due to contractual restrictions providers may not access the MCG but may obtain a copy of the criteria from the Prior Authorization staff.

**Medicare Members:**

Platelet-Rich Plasma (PRP) is covered **only in a clinical study:**

Presbyterian uses NCD 270.3. The Centers for Medicare and Medicaid Services (CMS) has determined that platelet-rich plasma (PRP) – an autologous blood-derived product (G0460), will be covered only for the treatment of chronic non-healing diabetic, venous and/or pressure wounds and only when patient is enrolled in a clinical trial.

**Blood-Derived Products for Chronic Non-Healing Wounds are NOT COVERED for ANY of the following:**

- Platelet-derived wound-healing formulas intended to treat patients with chronic non-healing wounds.
- Autologous platelet-derived growth factor products for treatment of chronic non-healing cutaneous wounds.
- Treatments utilizing becaplermin (S0157), a non-autologous growth factor for chronic non-healing subcutaneous wounds.
- Autologous platelet-rich plasma for treatment of chronic non-healing cutaneous wounds.
- Autologous platelet-rich plasma for treatment of acute surgical wounds when autologous platelet-rich plasma is applied directly to closed incision, or for dehiscent wounds.

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0232T</td>
<td>Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed. (Considered investigational)</td>
</tr>
<tr>
<td>G0460</td>
<td>Autologous platelet-rich plasma for chronic wound/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment. [Covered for clinical trial only]</td>
</tr>
<tr>
<td>S0157</td>
<td>Becaplermin gel 0.01%, 0.5 gm. [non-covered for treatment of a non-autologous growth factor. [Non-covered]</td>
</tr>
<tr>
<td>P9020</td>
<td>Platelet rich plasma, each unit (Considered investigational)</td>
</tr>
<tr>
<td>M0076</td>
<td>Prolotherapy- (Considered investigational)</td>
</tr>
<tr>
<td>S9055</td>
<td>Procuren or other growth factor preparation to promote wound healing. (Considered investigational)</td>
</tr>
</tbody>
</table>

**Reviewed by / Approval Signatures**

Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD
Senior Medical Director: Norman White MD
Date Approved: 03/24/2021

**References**

1. CMS, NCD for Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3), Effective Date: 08-02-2012, Implementation Date: 07/01/2013. [Cited 02/26/2021]
2. MCG Health Ambulatory Care, Platelet-Rich Plasma, (ACG: A-0630-AC), Last Update: 1/30/2021. [Cited02/26/2021]
3. MCG Health Ambulatory, (ACG: A-0325-AC), Becaplermin, Last Update: 1/30/2021. [Cited 02/26/2021]
4. Hayes, a Division of TractManager, Health Technology Assessment, Platelet-Rich Plasma For Hip Osteoarthritis, Jun 14, 2019. [Cited 02/26/2021]

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].
Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. [MPMPPC051001].