

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

Original Effective Date: 02/24/2010

Status: Reviewed

Last Review Date: 03-22-2023

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 not required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Platelet-Derived Growth Factor (PDGF):

A. For Commercial and Medicaid members:

Presbyterian follows MCG Platelet-Rich Plasma 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.

B. For Medicare members:

Presbyterian follows National Coverage Determination, Blood-Derived Products for Chronic Non-Healing (diabetic) Wounds [NCD 270.3](#).

PHP follows LCD [L39068](#) and related article LCA [A58808](#), Platelet rich plasma injections and/or applications are considered not medically reasonable and necessary for any use outside of the National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic Non-Healing Wounds.

Exclusion:

For Commercial, Medicaid, and Medicare, PHP follows [NCD 270.3](#), LCD [L39068](#) and related article LCA [A58808](#) non-coverage indication for autologous PDGF for the treatment of chronic, non-healing cutaneous wounds, and Becaplermin PDGF (recombinant PDGF) and Autologous PRP for the treatment of acute surgical wounds when the autologous PRP is applied directly to the 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.

CPT codes	Description
G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)

CPT codes	Non-covered
0232T	Injection(s), platelet rich plasma, any site, 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
G0460	Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
P9020	Platelet rich plasma, each unit
M0076	Prolotherapy-
S0157	Becaplermin gel 0.01%, 0.5 gm. [non-covered for treatment of a non-autologous growth factor. [Non-covered]
S9055	Procuren or other growth factor preparation to promote wound healing.

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Director: Ana Maria Rael MD

Date Approved: 03-22-2023

References

1. CMS, NCD for Blood-Derived Products for Chronic Non-Healing Wounds ([NCD 270.3](#)), Effective Date: 04/13/2021, R6, Implementation Date: 11/09/2021. [Cited 02-08-2023]
2. CMS, Novitas, Platelet Rich Plasma, LCD L39068, effective Date 12-12-2021, R2, and related article LCA A58808, revision date 12-12-2021, R2 [Cited 02-08-2023]
3. MCG, 26th Ambulatory Care, Platelet-Rich Plasma, (ACG: A-0630-AC), Last Update: 8/31/2022. [Cited 02-07-2023]
4. MCG, 26th Ambulatory, (ACG: A-0325-AC), Becaplermin, Last Update: 8/31/202. [Cited 02/07/2023]
5. Hayes, a Division of TractManager, Health Technology Assessment, Platelet-Rich Plasma For Hip Osteoarthritis, Jun 22, 2022 [Cited 02/08/2023]
6. Hayes, Health Technology Assessment, Comparative Effectiveness Review, Comparative Effectiveness Review of Platelet-Rich Plasma For Treatment of Conditions of the Achilles Tendon and Plantar Fascia, Feb 11, 2022. [Cited 02-08-2023]
7. Hayes, Health Technology Assessment, Platelet-Rich Plasma for Wound Treatment in Diabetic Foot Ulcers, Feb 10, 2022. [Cited 02-08-2023]
8. Hayes, Health Technology Assessment, Platelet-Rich Plasma for Wound Treatment in Venous Leg Ulcers, Dec 08, 2022 [Cited 02/08/2023]
9. Hayes, Health Technology Assessment, Comparative Effectiveness Review Of Platelet-Rich Plasma For Tendinopathies Or Ligament Injuries Of The Knee, Archived Jan 29, 2023 [Cited 02/08/2023]
10. Hayes, Health Technology Assessment, Comparative Effectiveness Review Of Platelet-Rich Plasma for Treatment of Lateral Epicondylitis: A Review of Reviews, Jan 11, 2022 [Cited 02/08/2023]
11. Aetna, No. 0784, Blood and Adipose Product Injections for Selected Indications. Effective: 05/08/2009, Next Review: 02/23/2023 [Cited 02/08/2023]
12. Aetna, No 0244, Skin and Soft Tissue Substitutes, Effective: 05/28/1998 - Next Review: 02/23/2023 [Cited 02/08/2023]
13. Cigna, No 0507, Autologous Platelet-Derived Growth Factors (Platelet-Rich Plasma [PRP]), Effective Date 10/15/2022. Next review Date: 10/15/2023 [Cited 02/08/2023]
14. Humana, Platelet-Derived Growth Factors for Wound Healing, Policy Number: HCS-0491-015, Revision Date: 06-23-2022, Review Date: 06/23-2022 [Cited 02/08/2023]
15. United Healthcare, Policy # 2022T0498V, Prolotherapy and Platelet Rich Plasma Therapies, Effective Date: Jan 01, 2022 [Cited 02/08/2023]

Publication History

- 01-29-14 Presbyterian Policy Retired
- 01-29-14 Presbyterian now uses MCG Criteria A-0630
- 05-25-16 Annual Review. MCG A-0630 accessed. Last update No change.
- 09-27-17 Annual Review. MCG A-0630 accessed. Last update 2/2/17. No change.
- 01-22-20 Annual Review. MCG A-0630 and A-0325 are accessed. Added Medicare NCD 270.3 to reflect Clinical study coverage only.
- 03-24-21 Annual review. Continue to follow MCG A-0630 Platelet-Rich Plasma as investigational for Commercial and Medicaid. Reviewed Hayes. Other payers consider PRP investigational. Configure 0232T, G0460, P9020 to deny as investigational for Medicaid and Commercial. For Medicare, Platelet-Rich Plasma (PRP) is covered only in a clinical study. PRP will continue to follow National Coverage Determination (NCD) Blood-Derived

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 [MPMPCC051001].

Products for Chronic Non-Healing Wounds (NCD 270.3), for coverage under a clinical study only Codes 0232T, G0460 and P9020 submitted with modifier Q0 are allowed for Medicare but will only pay for the ICD-10 listed in NCD 270.3. Bacaplermin (S0157) is non-covered for all LOB. Code S0157 is set to not pay for all LOB. For Commercial & Medicaid: 0232T or G0460 or P9020 (With or W/O modifier Q0) will deny as investigational.

- 09-01-21 Code update only: Code 0232T, P9020, 0421T, M0076 and S9055 are considered investigational for all LOB. G0460 is covered for Medicare only under clinical trial setting.
- 03-23-22 Annual review. Reviewed by PHP Medical Policy Committee on 03-09-2022. For Commercial and Medicaid members: Platelet-Derived Growth Factor (PDGF) **and** Platelet-Rich Plasma will continue as non-covered. For Medicare Members only: Continue to follow NCD, Blood-Derived Products for Chronic Non-Healing (diabetic) Wounds NCD 270.3, which has changed to cover for services unrelated to Coverage with Evidence Development (CED). Per LCA A58808, new code added to policy: G0465 and will be covered for Medicare only. Reconfigure codes 0232T, G0460 and P9020 as non-covered for all LOB, per LCA (A58808) and LCD (L39068). Configure codes 0481T, M0076 and S9055 as non-covered for all LOB, per LCA (A58808) and LCD (L39068). An error in policy that PA is required has been corrected.
- 03-22-23 Annual review. Reviewed by PHP Medical Policy Committee on 02-08-2023. For non-Medicare: Continue to follow MCG A-0630 for non-coverage of PDGF, which includes codes: 0232T, G0460, G0465 and P9020. For Medicare: Continue to follow NCD 270.3 for coverage of PRP for chronic non-healing diabetic wounds (code G0465). Added exclusion section under Medicare to follow LCD L39068 and LCA A58808 for any use outside of NCD 270.3 is non-covered. Added for Commercial, Medicaid and Medicare to follow LCD L39068/LCA A58808 for non-coverage for non-healing cutaneous wounds and the use of becaplermin. Continue CY 2021 config as investigational for codes: (0232T, P9020, M0076, S9055) for ALOB; and code (G0460) for commercial Medicaid. Set to configure **0481T** as experimental for ALOB per LCA A58808. Set to configure G0465 as experimental for Commercial and Medicaid.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.