

# Platelet-Rich Plasma Policy Number: M20130117011 Effective Date: 4/1/2013 Sponsoring Department: **Health Care Services** Impacted Department(s): **Health Care Services Type of Policy:** ⊠ Internal ⊠ External **Data Classification:** □ Confidential □ Restricted ⊠ Public **Applies to (Line of Business):** ☐ Corporate (All) Plus; ⊠ Essential Plan $\boxtimes$ Medicare, if yes, which plan(s): $\boxtimes$ MAPD; $\square$ PDP; $\boxtimes$ ISNP; $\boxtimes$ CSNP ☐ Commercial, if yes, which type: ☐ Large Group; ☐ Small Group; ☐ Individual Self-Funded Services (Refer to specific Summary Plan Descriptions (SPDs) to determine any preauthorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.) **Excluded Products within the Selected Lines of Business (LOB) Applicable to Vendors?** Yes $\square$ No $\boxtimes$ **Purpose and Applicability:** To set forth the medical necessity criteria for the utilization of Platelet-Rich Plasma. **Policy: Commercial and Self-Funded:** Platelet rich plasma and platelet derived growth factors are not covered as there is insufficient clinical evidence to support the efficacy and effectiveness of their use. These non-covered products include but

• Autologous platelet rich plasma injections

Autologous platelet gel

are not limited to:

Autologous platelet derived growth factors

Platelet rich plasma is considered experimental/investigational for all indications including, but not limited to:



- Chronic non-healing wounds
- Epicondylitis (i.e., tennis elbow, elbow epicondylar tendinosis)
- Osteoarthritis
- Plantar fasciitis
- Dupuytren's contracture
- Bone healing and fusion, including as an adjunct to spinal fusion
- Sinus surgery

## **Medicare Advantage:**

There is currently a Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD). And a Local Coverage Article (LCA) for musculoskeletal injuries and/or joint conditions. There is a CMS National Coverage Determination (NCD) for coverage for platelet rich plasma for the treatment of chronic non-healing diabetic, venous and/or pressure wounds. Please refer to the links listed in the Reference section for Medicare Advantage members.

Medicare Advantage utilizes the Commercial criteria for platelet rich plasma for all other indications.

#### MediSource, MediSource Connect, Child Health Plus and Essential Plan:

Platelet rich plasma is covered by MediSource, MediSource Connect, Child Health Plus or Essential Plan in Article 28 places of service including hospital outpatient departments (OPD), hospital ambulatory surgery centers, hospital emergency departments (ED), free-standing ambulatory surgery centers, and Diagnostic and Treatment Centers (D&TCs) settings.

Platelet rich plasma is not covered by MediSource, MediSource Connect, Child Health Plus or Essential Plan in Article 11 place of service, provider offices.

#### **Background**

Platelet Rich Plasma (PRP) is blood plasma with a higher-than-usual concentration of platelets. PRP Involves collecting a small sample of blood from the patient, concentrating the platelets, and administering the PRP to the patient through injection. While the mechanism of action has not been identified, the theory is PRP injections will stimulate new healthy cells to grow and promote healing.

PRP has predominantly been used to treat musculoskeletal conditions, particularly tendon-related pathologies. In general, no major adverse events have been reported, with only minor and transient risks and adverse effects of PRP seen, which include pain/bleeding, tenderness, and swelling and bruising at the site of injection.

There is a lack of good quality, well-designed clinical trial evidence which supports the use of PRP for multiple indications. PRP development protocols vary considerably across studies, and there is no consensus on best practices, nor is there clear understanding of which steps and factors (if any) are associated with better outcomes.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required?	Yes ⊠	No□			
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Preauthorization is required for this service.



#### **Definitions**

**Platelet-rich plasma** is produced in an autologous or homologous manner. The autologous blood derived product contains both platelet derived growth factor (PDGF) products and platelet-rich plasma (PRP). PRP contains whole cells including white cells, red cells, macrophages and fibroblasts.

#### References

Related Policies, Processes and Other Documents N/A

## **Non-Regulatory references**

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Moraes VY, Lenza M, Tamaoki MJ, et al. Platelet-rich therapies for musculoskeletal soft tissue injuries. Cochrane Database Syst Rev. 2014 Apr 29;4:CD010071.

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### **Regulatory References**

Centers for Medicare and Medicaid (CMS) [web site]. Local Article Billing and Coding: Platelet Rich Plasma (A58609). Available at: <a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleld=58609&ver=6">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleld=58609&ver=6</a>. Accessed April 30, 2024.

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Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wounds (270.3). Available at: <a href="https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=217&ncdver=6&bc=0">https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=217&ncdver=6&bc=0</a> Accessed April 30, 2024.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest) October 29, 2018.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

# **Version Control**



# Signature / Approval on File? Yes ⊠ No□

Revision Date	Owner	Notes
7/1/2024	Health Care Services	Revised
7/1/2023	Health Care Services	Reviewed
7/1/2022	Health Care Services	Revised
8/1/2021	Health Care Services	Reviewed
9/1/2020	Health Care Services	Revised
11/1/2019	Medical Management	Revised
10/1/2019	Medical Management	Revised
1/1/2019	Medical Management	Reviewed
12/1/2017	Medical Management	Reviewed
1/1/2017	Medical Management	Revised
1/1/2016	Medical Management	Revised
12/1/2014	Medical Management	Revised
4/1/2014	Medical Management	Revised