Sentara® Health Plans

Commercial

Platelet Rich-Plasma, Medical 246

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Effective Date	9/2007
Next Review Date	1/2026
Coverage Policy	Medical 246
Version	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Autologous platelet-rich plasma, a platelet concentrate suspended in plasma, is prepared from samples of centrifuged autologous blood. Platelets are stimulated to release a variety of growth factors by addition of thrombin and calcium. A platelet gel is created which has been used during surgery with the intent of accelerating healing and improving surgical outcomes. In addition, PRP has been studied for improving healing of chronic wounds. Platelet Rich-Plasma injection (including but not limited to bone marrow plasma injection and Autologous Platelet Rich-Plasma injections) is the administration of platelet-rich plasma into joint spaces, sites of pain or injury, augmentation, and fusion of bone to help heal and reduce pain.

Criteria:

Platelet-rich plasma is medically necessary for the treatment of chronic non-healing diabetic wounds when clinical documentation supports that the individual meets **ALL** the following criteria:

- The individual's wound has failed to improve or has increased in size following at least a thirty-day trial of conservative wound care management. Clinical documentation, including size of wound and adherence to prescribed treatment must be included **All** the following:
  - Appropriate wound care management includes **Any** of the following:
    - Control of edema, venous hypertension, and/or lymphedema
    - Treatment of infection
    - Removal of any foreign body or malignancy
    - Debridement of necrotic tissue
    - Appropriate off-loading of pressure, protection from trauma, and elimination of aggravating factors
    - For venous stasis ulcers, compression therapy with diligent use of multilayer dressing of >20 mmHG pressure or pneumatic compression
  - The documentation must support that the wound **All** of the following:
    - does not involve tendon, muscle, joint capsule, exposed bone, or sinus tracts
    - has a clean granular base
    - is at least 1.0 cm in size

        - is clean without necrotic debris or exudate
        - has adequate circulation to support wound healing
        - does not have evidence of infection or foreign body
    - If applicable, the provider must have counseled the member on smoking cessation
    - The documentation must support that the member's diabetes mellitus is under appropriate treatment
    - For a duration of 20 weeks only

Platelet Rich Plasma is considered **not medically necessary** for uses other than those listed in the clinical criteria.

Document History:

Revised Dates:

- 2025: No criteria changes. Removed CPT code P9020.
- 2024: January
- 2023: July
- 2023: January
- 2022: January
- 2020: January
- 2015: March
- 2013: August
- 2012: August
- 2011: September
- 2010: December
- 2009: November

Reviewed Dates:

- 2021: January
- 2018: October
- 2017: November
- 2016: August
- 2015: August
- 2014: August
- 2010: August, November
- 2009: August
- 2008: August

Effective Date:

- September 2007

Coding:

Medically necessary with criteria:

Coding	Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)
S0157	Becaplermin gel 0.01%, 0.5 gm
S9055	Procuren or other growth factor preparation to promote wound healing

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Commercial Products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
    - Commercial
        - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
        - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Federal Register. Journal of the United States Government. Recommendations for the Development of Blood Collection, Processing, and Storage Systems for the Manufacture of Blood Components Using the Buffy Coat Method; Draft Guidance for Industry; Availability. 10.18.2024. Retrieved 1.13.2025. https://www.federalregister.gov/documents/2024/10/18/2024-24098/recommendations-for-the-development-of-blood-collection-processing-and-storage-systems-for-the

21CFR640.32], TITLE 21--FOOD AND DRUGS, CHAPTER I--FOOD AND DRUG ADMINISTRATION. DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBCHAPTER F – BIOLOGICS, PART 640 -- ADDITIONAL STANDARDS FOR HUMAN BLOOD AND BLOOD PRODUCTS. Subpart D – Plasma, Sec. 640.32 Collection of source material. 8.30.2024. Retrieved 1.13.2025. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=640.32

Hayes. A symplr Company. Health Technology Assessment. Oct 21, 2024. Platelet-Rich Plasma for Treatment of Knee Osteoarthritis. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/dir.plateletrich4091

Hayes. A symplr Company. Evolving Evidence Review. Jun 10, 2024. Platelet Rich Plasma for Treatment of Achilles Tendinopathy. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/eer.prpachilles5737

Hayes. A symplr Company. Health Technology Assessment. Mar 19, 2024. Platelet-Rich Plasma Injection for Treatment of Plantar Fasciitis. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/hta.plantar5712

Hayes. A symplr Company. Health Technology Assessment. Jan 26, 2024. Platelet-Rich Plasma for Wound Treatment of Diabetic Foot Ulcers. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/hta.ulcers5170

Hayes. A symplr Company. Health Technology Assessment. Annual Review: Nov 19, 2024. Platelet-Rich Plasma for Wound Treatment in Venous Leg Ulcers. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/dir.ulcers5171

Hayes. A symplr Company. Evidence Analysis Research Brief. Jul 31, 2024. Platelet-Rich Plasma for Treatment of Medial Collateral Ligament Injuries. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/earb.medial5821

Hayes. A symplr Company. Evolving Evidence Review. Jun 11, 2024. Platelet-Rich Plasma in the Surgical Repair of Achilles Tendon Rupture. Retrieved 1.13.2025. https://evidence.hayesinc.com/report/eer.achillesrupture5738

Centers for Medicare and Medicaid Services. CMS.gov. Local Coverage Determination (LCD). Platelet Rich Plasma. L38745. 9.12.2024. Retrieved 1.14.2025. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38745

Centers for Medicare and Medicaid Services. CMS.gov. National Coverage Determination (NCD). Blood-Derived Products for Chronic Non-Healing Wounds. 270.3. 11.9.2021. Retrieved 1.14.2025. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=217&ncdver=6

MCG. Informed Care Strategies. 28th Edition. 2024. Platelet-Rich Plasma. ACG: A-0630 (AC).Retrieved 1.14.2025. https://careweb.careguidelines.com/ed28/index.html

Commonwealth of Virginia. Department of Medical Assistance Services. DMAS.gov. Retrieved 1.14.2025. https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0&gsc.q=platelet%20rich%20plasma&gsc.sort=

National Comprehensive Cancer Network. NCCN.org. Retrieved 1.14.2025. Retrieved 1.14.2025. https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=platelet%20rich%20plasma

Carelon. Clinical Appropriateness Guidelines Musculoskeletal Appropriate Use Criteria: Joint Surgery. 11.17.2024. Retrieved 1.14.2025. https://guidelines.carelonmedicalbenefitsmanagement.com/wp-content/uploads/2024/08/pdf-Joint-Surgery-2024-11-17.pdf

PubMed. Xiong, Y., Gong, C., Peng, X., Liu, X., Su, X., Tao, X., Li, Y., Wen, Y., & Li, W. (2023). Efficacy and safety of platelet-rich plasma injections for the treatment of osteoarthritis: a systematic review and meta-analysis of randomized controlled trials. *Frontiers in medicine*, *10*, 1204144. Retrieved 1.14.2025. https://doi.org/10.3389/fmed.2023.1204144

PubMed. Meznerics, F. A., Fehérvári, P., Dembrovszky, F., Kovács, K. D., Kemény, L. V., Csupor, D., Hegyi, P., & Bánvölgyi, A. (2022). Platelet-Rich Plasma in Chronic Wound Management: A Systematic Review and Meta-Analysis of Randomized Clinical Trials. *Journal of clinical medicine*, *11*(24), 7532. Retrieved 1.14.2025. https://doi.org/10.3390/jcm11247532

Keywords:

SHP Bone Marrow Plasma Injection, SHP Medical 246, Prolotherapy, Medical 108, pain, healing, platelet rich plasma, PRP, platelet plasma