Sentara Health Plans

Medicaid

Platelet Rich-Plasma

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Effective Date	9/2007
Next Review Date	1/2025
Coverage Policy	Medical 246
Version	5

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity of Platelet Rich Plasma therapies.

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.

Coding:

Medically necessary with criteria:

Coding	Description
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
P9020	Platelet rich plasma, each unit
S0157	Becaplermin gel 0.01%, 0.5 gm (Status Indicator of "I" on Medicare Physician Fee Schedule) (Invalid for Medicare Billing Purposes)
S9055	Procuren or other growth factor preparation to promote wound healing (Status Indicator of "I" on Medicare Physician Fee Schedule) (Invalid for Medicare Billing Purposes)
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

Revised Dates:

- 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

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

CFR - Code of Federal Regulations Title 21. 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. 640.34 Processing. Retrieved 1.8.2024. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=640.34#:~:text=Platelet%20rich%20plasma%20shall%20be,manipulation%20of%20the%20donor's%20tissue.

[Code of Federal Regulations], [Title 21, Volume 7], [CITE: 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. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=640.32

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MCG CareWeb. Informed Care Strategies. 27th Edition. Retrieved 1.8.2024. https://careweb.careguidelines.com/ed27/index.html

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Bone Marrow Plasma Injection, SHP Medical 246, Prolotherapy, Medical 108, pain, healing