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SHP Platelet Rich-Plasma Injections

AUTH: SHP Medical 246 v3 (AC)

Link to Codes

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy

Application to Products

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For Optima Medicare Plans, use LCD/NCD in Milliman.

Policy is applicable to Optima Commercial and Optima Virginia Medicaid Plans

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Bone marrow plasma injection is the administered of platelet-rich plasma into joint spaces, sites of pain or injury, augmentation and fusion of bone to help heal and reduce pain.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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• NA

Document History

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- · Revised Dates:
 - 2023: January
 - 2022: January2020: January
 - 2015: March
 - 2013: August
 - 2012: August
 - 2011: September
 - 2010: December
 - 2009: November
- · Reviewed Dates:
 - · 2021: January
 - 2018: October 2017: November

 - 2016: August2015: August
 - 2014: August
 - 2010: August, November
 - 2009: August2008: August
- Effective Date: September 2007

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- · CPT/HCPCS codes considered not medically necessary per this Policy:
 - · CPT 0232T Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

References

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References used include but are not limited to the following:

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q=Professional+recommends+for+platelet+rich+plasma+injections&rlz=1C1GCEA_enUS982US982&oq=Professional+recommends+for+platelet+rich+plasma+injections&aqs=c

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