

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.213.MH  
Last Review Date: 02/21/2019  
Effective Date: 10/01/2019

### PA.213.MH – Platelet-Rich Plasma (PRP)

This policy applies to the following lines of business:

- MedStar Employee (Select)
- MedStar CareFirst PPO

*MedStar Health considers Platelet Rich Plasma for the treatment of osteoarthritis (e.g. hip, knee, and temporomandibular joint (TMJ)), chronic wounds, hamstring injury, ankle sprain, or any other application to be **experimental and investigational**.*

MedStar Health does not provide coverage for experimental or investigational services and procedures.

#### Background

According to the American Academy of Orthopedic Surgeons, platelet rich plasma (PRP) is plasma with a higher concentration of platelets than is what typically found in blood. To achieve PRP, blood must initially be drawn from the individual and further separated into platelets and other blood cells through centrifugation.

Connective tissues have limited blood circulation, inhibiting quick recovery of wear and tear post repetitive injury. As damage accumulates within tissue, the acute healing pathways may not be triggered due to lack of acute insult. By activating acute healing pathways, physicians speculate a quicker recovery of injury site. PRP may be injected into the site of inflamed tissue to stimulate an acute injury and induce an acute healing response. PRP may also be used to improve healing after surgery for certain injuries by stitching the treatment into torn tissues.

Currently, there is insufficient evidence to support the coverage of PRP for any indications.

#### CPT Codes Not Covered for Indications Above:

Code	Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

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0489T	Autologous adipose-hyphenderived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-hyphenviable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Multiple injections in one or both hands
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
86999	Unlisted transfusion medicine procedure

### HCPCS Codes Not Covered:

Code	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
S9055	Procuren or other growth factor preparation to promote wound healing

### References

1. American Academy of Orthopaedic Surgeons. Clinical Practice Guideline (CPG) On The Treatment Osteoarthritis Of The Knee, 2nd Edition. May 2013.
2. American Academy of Orthopaedic Surgeons A. Management of Osteoarthritis of the Hip - Evidence-Based Clinical Practice Guideline. 2017  
[https://www.aaos.org/uploadedFiles/PreProduction/Quality/Guidelines\\_and\\_Reviews/OA%20Hip%20CPG\\_3.13.17.pdf](https://www.aaos.org/uploadedFiles/PreProduction/Quality/Guidelines_and_Reviews/OA%20Hip%20CPG_3.13.17.pdf)
3. Hayes GTE Report. Platelet-Rich Plasma for Treatment of Conditions of the Achilles Tendon and Plantar Fascia. Published Date: 03/14/2019. Annual Review Date: 03/04/2019.
4. National Institute for Health and Clinical Excellence (NICE). Platelet-rich Plasma Injections for Osteoarthritis of the Knee, Interventional Procedure Guidance (IPG491), Published January 2019.<https://www.nice.org.uk/guidance/ipg637>
5. OrthoInfo. Platelet-Rich Plasma (PRP). Contributed by Frank B. Kelly, M.D., last reviewed September 2011. Accessed March 6, 2019
6. UpToDate. Management of knee osteoarthritis. Leticia Alle Deveza M.D., Kim Bennell M.D., Topic last updated June 11, 2018.

### Disclaimer:

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MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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