

Medical Coverage Policy | Autologous Platelet-Derived Growth Factors (i.e. Platelet-Rich Plasma)



EFFECTIVE DATE: 11 | 15 | 2016
POLICY LAST UPDATED: 02 | 20 | 2020

OVERVIEW

This policy documents the coverage determination for autologous platelet-derived growth factors (PDGF) (i.e., platelet-rich plasma [PRP]). Autologous platelet-derived growth factors have been investigated as wound-healing products.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Coverage of autologous platelet-rich plasma (PRP) for BlueCHiP for Medicare members is allowed only as part of a Centers for Medicare and Medicaid (CMS) approved clinical trial. Refer to Related Policy section.

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all BlueCHiP for Medicare policies. Therefore, BlueCHiP for Medicare policies may differ from Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by the CMS.

Commercial Products

Autologous blood-derived preparations (i.e., platelet-rich plasma) are considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary among groups. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

BACKGROUND

A variety of growth factors have been found to play a role in wound healing, including platelet-derived growth factor (PDGF), epidermal growth factor, fibroblast growth factors, transforming growth factors, and insulin-like growth factors. Autologous platelets are a rich source of PDGF, transforming growth factors (that function as a mitogen for fibroblasts, smooth muscle cells, and osteoblasts), and vascular endothelial growth factors.

Autologous platelet concentrate suspended in plasma, also known as platelet-rich plasma (PRP), can be prepared from samples of centrifuged autologous blood. Exposure to a solution of thrombin and calcium chloride degranulates platelets, releasing various growth factors, and results in the polymerization of fibrin from fibrinogen, creating a platelet gel. The platelet gel can then be applied to wounds or may be used as an adjunct to surgery to promote hemostasis and accelerate healing. In the operating room setting, PRP has been investigated as an adjunct to a variety of periodontal, reconstructive, and orthopedic procedures. For example, bone morphogenetic proteins are a type of transforming growth factor, and thus PRP has been used

in conjunction with bone-replacement grafting (using either autologous grafts or bovine-derived xenograft) in periodontal and maxillofacial surgeries.

PRP is distinguished from fibrin glues or sealants, which have been used for many years as a surgical adjunct to promote local hemostasis at incision sites. Fibrin glue is created from platelet-poor plasma and consists primarily of fibrinogen. Commercial fibrin glues are created from pooled homologous human donors; Tisseel® (Baxter International) and Hemaseel® (Haemacure Corp.) are examples of commercially available fibrin sealants. Autologous fibrin sealants can also be created from platelet-poor plasma.

For individuals who have chronic wounds or acute surgical or traumatic wounds who receive platelet-rich plasma (PRP), the evidence includes a number of small controlled trials. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. Current results of trials using PRP are mixed and the studies are limited in both size and quality. The evidence is insufficient to determine the effects of the technology on health outcomes. Therefore, this service is considered not medically necessary for Commercial products.

The Centers for Medicare & Medicaid Services (2012) revised its national coverage decision on autologous blood-derived products for chronic non-healing wounds. This revision replaces prior noncoverage decisions.

The Centers for Medicare & Medicaid Services covers autologous PRP only for patients who have chronic non-healing diabetic, pressure, and/or venous wounds and when all of the following conditions are met:

“The patient is enrolled in a clinical research study that addresses the following questions using validated and reliable methods of evaluation...

"The clinical research study must meet the requirements specified below to assess the effect of PRP for the treatment of chronic non-healing diabetic, venous and/or pressure wounds. The clinical study must address:

"Prospectively, do Medicare beneficiaries that have chronic non-healing diabetic, venous and/or pressure wounds who receive well-defined optimal usual care, along with PRP therapy, experience clinically significant health outcomes compared to patients who receive well-defined optimal usual care for chronic non-healing diabetic, venous and/or pressure wounds as indicated by addressing at least one of the following:

- a. Complete wound healing?
- b. Ability to return to previous function and resumption of normal activities?
- c. Reduction of wound size or healing trajectory which results in the patient's ability to return to previous function and resumption of normal activities?"

CODING

The following code is allowed for BlueCHiP for Medicare as part of a CMS approved clinical study and not medically necessary for Commercial products:

G0460 Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

Claims for services rendered as part of a CMS approved clinical study must be billed with an appropriate modifier:

Modifier Q0 – Investigational clinical service provided in a clinical research study that is in an approved research study (BlueCHiP for Medicare claims filed without the Q0 modifier will deny as not covered)

Note: If you are treating a BlueCHiP for Medicare member as part of a CMS approved study, please follow the procedures for correct billing and coding of services found in the policy Clinical Trials BlueCHiP for Medicare

The following code is not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products:

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

RELATED POLICIES

Clinical Trials BlueCHiP for Medicare

BlueCHiP for Medicare National and Local Coverage Determinations

PUBLISHED

Provider Update, May 2020

Provider Update, May 2019

Provider Update, January 2019

Provider Update, December 2017

Provider Update, January 2017

Provider Update, Apr 2015

Provider Update, Sep 2014

Provider Update Aug 2013

REFERENCES:

1. Martinez-Zapata MJ, Marti-Carvajal AJ, Sola I, et al. Autologous platelet-rich plasma for treating chronic wounds. *Cochrane Database Syst Rev.* 2012;10:CD006899. PMID 23076929
2. Martinez-Zapata MJ, Marti-Carvajal A, Sola I, et al. Efficacy and safety of the use of autologous plasma rich in platelets for tissue regeneration: a systematic review. *Transfusion.* Jan 2009;49(1):44-56. PMID 18954394
3. Carter MJ, Fylling CP, Parnell LK. Use of platelet rich plasma gel on wound healing: a systematic review and meta-analysis. *Eplasty.* 2011;11: e38. PMID 22028946
4. Picard F, Hersant B, Bosc R, et al. The growing evidence for the use of platelet-rich plasma on diabetic chronic wounds: A review and a proposal for a new standard care. *Wound Repair Regen.* Sep 2015; 23(5):638-643. PMID 26019054
5. Martinez-Zapata MJ, Marti-Carvajal AJ, Sola I, et al. Autologous platelet-rich plasma for treating chronic wounds. *Cochrane Database Syst Rev.* May 25 2016(5):CD006899. PMID 27223580
6. Escamilla Cardenosa M, Dominguez-Maldonado G, Cordoba-Fernandez A. Efficacy and safety of the use of platelet-rich plasma to manage venous ulcers. *J Tissue Viability.* Nov 29 2016. PMID 27955807
7. Marck RE, Gardien KL, Stekelenburg CM, et al. The application of platelet-rich plasma in the treatment of deep dermal burns: A randomized, double-blind, intra-patient controlled study. *Wound Repair Regen.* Jul 2016;24(4):712-720. PMID 27169627
8. Sridharan K SG. Growth factors for diabetic foot ulcers: mixed treatment comparison analysis of randomized clinical trials. *Br J Clin Pharmacol.* 2018 Mar;84(3):434-444. doi: 10.1111/bcp.13470. Epub 2018 Jan 5. PMID: 29148070
9. Alamdari DH AM, Rahim AN, et al. Efficacy and Safety of Pleurodesis Using Platelet-Rich Plasma and Fibrin Glue in Management of Postoperative Chylothorax After Esophagectomy. *World J Surg.* 2018;42(4):1046-1055. PMID: 28986682
10. National coverage determination (NCD) for blood-derived products for chronic non-healing wounds (270.3). Centers for Medicare and Medicaid Services. Effective date of version August 2, 2012. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=217&ncdver=5&NCAId=260&bc=ACAAAAAAQAAA&>. Accessed November 13, 2019.
11. Centers for Medicare & Medicaid Services. Decision Memo for Autologous Blood-Derived Products for Chronic Non-Healing Wounds (CAG-00190R3). 2012; <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=260>. Accessed December 23, 2019.

12. Centers for Medicare & Medicaid Services (CMS). CMS Manual System: Pub 100-3 Medicare National Coverage Determinations (Transmittal 127). 2010 Oct; <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R127NCD.pdf>. Accessed November 21, 2019.
13. Centers for Medicare & Medicaid Services. Decision Memo for Autologous Blood Derived Products for Chronic Non-Healing Wounds (CAG-00190R2). 2008; <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=208&bc=ACAAAAAAQCAA&>. Accessed November 21, 2019.

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