



**AUTOLOGOUS BLOOD-DERIVED GROWTH
FACTORS (PLATELET RICH PLASMA)
HS-179**



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**Autologous Blood-Derived
Growth Factors
(Platelet Rich Plasma)**

Policy Number: HS-179

Original Effective Date: 7/20/2010

Revised Date(s): 8/2/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

The use of platelet rich plasma (plasma having a platelet concentration above baseline) is an approach being investigated for the treatment of bone healing and other indications. PRP is also referred to as autologous platelet derived growth factor, platelet enriched plasma, platelet-rich concentrate, and autogenous platelet gel or platelet releasate. Due to the paucity of consistent evidence regarding the use of platelet rich plasma, it is considered experimental and investigational in nature. Current studies will continue to be reviewed.

POSITION STATEMENT

Autologous blood-derived growth factors (i.e. platelet rich plasma) **are considered experimental and investigational** for:

- Chronic non-healing wounds
- Epicondylitis (e.g., tennis elbow, elbow epicondylar tendinosis)
- Plantar fasciitis
- Dupuytren's contracture
- As an adjunct to spinal fusion
- Sinus surgery
- Periodontal surgery
- Injection of ligament tears with any type of blood-derived growth factor, whether from the patient or another source
- All other conditions not listed above

CODING

Non-Covered CPT®* Code

86999 Unlisted transfusion medicine procedure

ICD-9-CM Procedure Codes - No applicable code

HCPCS Codes

P9020 Platelet rich plasma, each unit

ICD-9-CM Diagnosis Codes - Not covered for all diagnoses.

*Current Procedural Terminology (CPT® ©2010 American Medical Association)

REFERENCES

Peer Reviewed

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Government Agencies, Professional and Medical Organizations

N/A

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.