Medical Policy
Orthopedic Applications of Platelet-Rich Plasma

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Policy Number: 737
BCBSA Reference Number: 2.01.98
NCD/LCD: Local Coverage Determination (LCD): Category III CPT® Codes (L33392) (A56195)

Related Policies
• Prolotherapy, #183
• Bone Morphogenetic Protein #097
• Orthopedic Applications of Stem Cell Therapy #254

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Use of platelet-rich plasma is considered INVESTIGATIONAL for all orthopedic indications. This includes, but is not limited to, use in the following situations:

• Primary use (injection) for the following conditions:
  o Achilles tendinopathy
  o Lateral epicondylitis
  o Osteochondral lesions
  o Osteoarthritis
  o Plantar fasciitis.

• Adjunctive use in the following surgical procedures:
  o ACL reconstruction
  o Hip fracture
  o Long-bone nonunion
  o Patellar tendon repair
  o Rotator cuff repair
  o Spinal fusion
  o Subacromial decompression surgery
  o Total knee arthroplasty.

Medicare HMO BlueSM and Medicare PPO BlueSM Members
This is not a covered service.

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

Local Coverage Determinations (LCDs) for National Government Services, Inc.

Local Coverage Determination (LCD): Category III CPT® Codes (L33392) (A56195)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website at https://www.cms.gov for information regarding your specific jurisdiction.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization is required for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO BlueSM | This is not a covered service. |
| Medicare PPO BlueSM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>0232T</td>
<td>Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed</td>
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Description

A variety of growth factors have been found to play a role in wound healing, including platelet-derived growth factors (PDGFs), 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, osteoblasts, and vascular
endothelial growth factors. Recombinant PDGF has also been extensively investigated for clinical use in wound healing.

Autologous platelet concentrate suspended in plasma, also known as PRP, can be prepared from samples of centrifuged autologous blood. Exposure to a solution of thrombin and calcium chloride degranulates platelets, releasing the various growth factors. The polymerization of fibrin from fibrinogen creates a platelet gel, which can then be used as an adjunct to surgery with the intent of promoting hemostasis and accelerating 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 factors, 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. Alternatively, PRP may be injected directly into various tissues. PRP injections have been proposed as a primary treatment of miscellaneous conditions, such as epicondylitis, plantar fasciitis, and Dupuytren contracture. Injection of PRP for tendon and ligament pain is theoretically related to prolotherapy. However, prolotherapy differs in that it involves injection of chemical irritants that are intended to stimulate inflammatory responses and induce release of endogenous growth factors.

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 glue is created from pooled homologous human donors; Tisseel® (Baxter) and Hemaseel® are examples of commercially available fibrin sealants. Autologous fibrin sealants can be created from platelet-poor plasma. This policy does not address the use of fibrin sealants.

Summary
The evidence base on the efficacy of platelet-rich plasma (PRP) treatment consists of numerous small controlled trials for a wide variety of orthopedic conditions. Recent literature indicates an increasing number of randomized controlled trials (RCTs), and a search of the clinical trials database (available at ClinicalTrials.gov) reveals that many more RCTs are in progress. Current results of PRP trials are mixed, with some trials reporting improvement with PRP and other trials reporting no improvement. It is uncertain whether the mixed results are due to variability in the conditions studied and outcomes measured; to differences in platelet separation technique, concentration or activation; or to differences in the timing and frequency of administration. Additional studies are needed to resolve these issues.

Policy History

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<th>Date</th>
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<tr>
<td>5/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


