Moda Health
Medical Necessity Criteria

Subject: Prolotherapy—Platelet Rich Plasma Therapy

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Origination Date: 5/11
Revision Date(s): 4/12, 2/13, 2/14, 08/15
Developed By: Medical Criteria Committee

Approved: Mary Engrav, MD
Date: 08/26/2015

Description:

Prolotherapy is a technique utilizing the injection of a sclerosing agent into the joints, muscles, tendons, or ligaments for the purpose of inducing an inflammatory response. Prolotherapy may also be referred to as proliferant injection or proliferation therapy, prolo, joint sclerotherapy, growth factor stimulation injection, non surgical tendon, ligament, and joint reconstruction, intra-articular regenerative injection therapy, Common prolotherapy agents used are zinc sulfate, dextrose, glucose, glycerin, fibrin glue, phenol, sodium morrhuate, or platelet-rich plasma. Typically prolotherapy involves multiple sessions with each session requiring multiple injections.

Platelet rich plasma (PRP) is derived from an autologous blood sample. Platelets are centrifuged or separated from the other blood components. It is then further spun down into a concentrate of platelet rich plasma. The PRP is combined with calcium chloride and/or thrombin immediately before injection to release growth factors at the injection site. PRP has been used in the following indications (including but not limited to):

- Bone healing and fusion
- Soft tissue injuries
- Ligament and tendon injuries
- Plantar fasciitis
- Wound healing

The following products are marketed to produce PRP (including but not limited to):

- Autogel™
- SafeBlood®
- Magellan Autologous Platelet Separator

Criteria: (This criteria is consistent with the CMS guidelines for Prolotherapy)

1. Prolotherapy CWQI HCS-0055 is considered to be investigational and is NOT covered by Moda Health at this time.

Extensive prolotherapy literature exists. Evidence in the peer-reviewed literature evaluating prolotherapy consists of case series and systematic reviews with few randomized controlled clinical trials. Peer review literature does not substantiate the value of this therapy. Cochrane review of 2004 concluded that prolotherapy injections have not been proven to be more effective than
placebo injections. American College of Occupational and Environmental Medicine guideline of 2007 does not recommend prolotherapy injections for acute, subacute, chronic low back pain or radicular pain syndrome.

II. **Platelet rich plasma (PRP) CWQI A-0630** injection for commercial members is considered investigational and is **NOT** covered by Moda Health

Platelet rich plasma has been studied for multiple applications. The studies for each indication have either been small sample sizes, manufacturer sponsored, or shown limited or no clinical benefit. The literature does not support the use of PRP in any of the above indications. More randomized controlled studies are needed to determine the safety and efficacy of PRP for all indications.

A. **Medicare Criteria will cover Platelet Rich Plasma** for chronic non-healing diabetic, venous and/or pressure wounds when All of the following criteria are met:

1. Patient is enrolled in an approved clinical trial to assess the effectiveness of PRP

**Medicare Reference:**
NCD: 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents
NCD: 270.3 Blood-Derived Products for Chronic Non-Healing Wounds

**Information to be Submitted with Pre-Authorization Request:**
None. These procedures are considered to be investigational.

**Applicable CPT/HCPC Codes:**
Note: list may not be all inclusive.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>20550</td>
<td>Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar &quot;fascia&quot;)</td>
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<tr>
<td>20551</td>
<td>Injection(s); single tendon origin/insertion</td>
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<td>20600</td>
<td>Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)</td>
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<td>20605</td>
<td>Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)</td>
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<td>20610</td>
<td>Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)</td>
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<tr>
<td>0232T</td>
<td>Injection(s), platelet rich plasma, any site, including image guidance,</td>
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harvesting and preparation when performed

38206  Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous

<table>
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<tr>
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<tr>
<td>M0076</td>
<td>Prolotherapy</td>
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<tr>
<td>P9020</td>
<td>Platelet rich plasma, each unit</td>
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<tr>
<th>Review Date</th>
<th>Revisions</th>
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<td>02/2013</td>
<td>Annual Review: Added table with review date,</td>
<td>03/1/2013</td>
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<tr>
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<td>revisions, and effective date.</td>
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<tr>
<td>02/2014</td>
<td>Annual Review: No change</td>
<td>02/25/2014</td>
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<tr>
<td>08/2015</td>
<td>Annual Review: Added Medicare criteria, ICD-10</td>
<td>08/26/2016</td>
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References:


• Centers for Medicare & Medicaid Services; National Coverage Determination (NCD)
for Blood-Derived Products for Chronic Non-Healing Wounds (270.3); Effective 8/2/2012; Implementation date 7/1/2013
- Centers for Medicare & Medicaid Services; Decision Memo for Autologous Blood-Derived Products for Chronic Non-Healing Wounds (CAG-00190R3); August 2, 2012
- Physician advisors.