Payment Guideline: Platelet-Rich Plasma Injections

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, other Payment Guidelines, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

Applicable Plans

☒ Student Health Insurance (for policies issued or renewing after May 2019)
- ☒ Fully Insured
  - ☐ Excluding policies issued in the following states: N/A
  - ☐ Excluding Wellfleet Global
- ☒ Self-Funded
  - ☐ Excluding policies issued by the following schools: N/A

☒ Student Sports
- ☒ Fully Insured; for policies issued by the following carriers:
  - ☒ AIG
  - ☒ Wellfleet Insurance Company/ Wellfleet New York Insurance Company

☒ Self-Funded
☐ Excluding policies issued by the following schools: N/A
☒ Fully Insured Student Accident; for policies issued by the following carriers:
☒ AIG
☒ Wellfleet Insurance Company/ Wellfleet New York Insurance Company

Purpose

To describe how the use of Platelet Rich Plasma (PRP) will be considered and reviewed by Wellfleet

Scope

The Guideline lists specific areas of utilization for PRP. Any other utilization of PRP will require Medical Review.

Guidelines

Use of Platelet-Rich Plasma billed under the following CPT codes will be subject to evaluation prior to payment being made.

CPT Codes: 0232T, G0460, G0465, P9020

The following grid describes the evaluation performed and the results for specific areas of utilization for PRP. The results are either:

1. Approve after review by RN
2. Refer for physician review
3. Experimental/Investigational (E/I) (Denied as not a covered benefit)

Any utilization not listed in the grid will require physician review.

Diagnosis or Procedure	Supporting Information	Appr	Refer	E/I
Achilles tendinopathy	a. RCTs failed to show any superiority of PRP compared with placebo or physiotherapy.			X
Achilles rupture	a. In case of Achilles tendon ruptures, surgical treatment is required.			X
Ankle injections for Osteo Arthritis	A Randomized Clinical Trial in 2021 showed that among patients with ankle osteoarthritis, intra-articular PRP injections, compared with placebo injections, did not significantly improve ankle symptoms and function over 26 weeks.			X
Anterior cruciate ligament injury or reconstruction (non-surgical)	a. Two studies show positive results for injection without surgery: **If request is for injection without surgery:**	X		

Diagnosis or procedure	Supporting Information	Appr	Refer	E/I
Anterior cruciate ligament injury or reconstruction (surgical)	b. Systematic reviews show that when used intra-operatively there is no beneficial effects in terms of clinical outcome, bone–graft integration and prevention of bony tunnel enlargement. **If request is for surgical application:**			X
ACL reconstruction donor site: Patellar tendon donor site	a. Recent studies showed that the application of PRP to the harvest site contributed to improved healing and pain	X		
Knee injections for Osteo Arthritis	The RESTORE Randomized Clinical Trial showed that among patients with symptomatic mild to moderate radiographic knee OA, intra-articular injection of PRP, compared with injection of saline placebo, did not result in a significant difference in symptoms or joint structure at 12 months.		X	
Ankle injections for Osteo Arthritis	a. A Randomized Clinical Trial in 2021 showed that among patients with ankle osteoarthritis, intra-articular PRP injections, compared with placebo injections, did not significantly improve ankle symptoms and function over 26 weeks. b. Another study showed clinical improvement but it only had 20 patients and no control group			X
Ankle injections for Osteochondral Defects (OCD)	A Review of 7 studies showed clinical benefit in terms of pain and functionality, although chondral regeneration via MRI is inconsistent. Five studies use PRP as supplemental treatment in intraoperative settings, while two studies use PRP conservatively as intra-articular injections Limitations include the small sample sizes, as well as no standardized formula for PRP preparation.	X		
Lateral epicondylitis	a. Numerous studies have been performed with PRP against varied controls and arms such as placebo, glucocorticoid injection, autologous blood injection and needling. Though more studies have positive results than negative, there is no consistency in the results, leaving more questions than answers. b. Two meta-analyses show PRP may reduce the pain associated with lateral epicondylitis. Three meta-analyses were equivocal. c. One meta-analysis of RCT's was highly positive when highly cellular leukocyte-rich PRP (LR-PRP) is used c. One meta-analysis was negative, but it was older than the others **When request includes use of LR-PRP:**	X		
	When request is without use of LR-PRP:		X	

Meniscal tears w/o repair	a. There are few studies and they are small and contradictory. No definite conclusions can be drawn.			X
Meniscal tears with repair	An SR performed suggested that PRP can effectively enhance arthroscopic repair with reduced failure rates, decreased severity of pain and improved range of motion	X		
Muscle injury	a. Non-randomized studies affirmed that PRP improves quality of tissue repair or accelerates the functional recovery. b. RCT's showed controversial results. One small RCT showed PRP improved functional recover and time to return to sport and pain management while subsequent studies showed no benefit.		X	
Patellar tendinopathy	a. Three studies showed minimal benefit b. Other, minimal studies show conflicting information. c. Meta-Analysis of RTC's on tendinopathies was highly positive when highly cellular leukocyte-rich PRP (LR-PRP) is used		X	
Diagnosis or procedure	**Supporting Information**	**Appr**	**Refer**	**I/E**
Plantar Fasciitis	a. There are numerous studies which are conflicting. b. A meta-analysis and a systematic review state the studies are of low quality and document only a marginal benefit for PRP. They appear to show no benefit in show- and intermediate-term pain relief and only limited evidence for benefit in long term pain relief.		X	
Rotator cuff injuries	A Meta-analysis of Randomized Controlled Trials showed that without the drawbacks of CS injection, PRP injection is not worse than CS injection in terms of pain relief and function recovery at any time point during follow-up. PRP injection may reduce rates of subsequent injection or surgery, and it might provide better improvements in pain and function in the medium to long term. PRP injection can be a viable alternative to CS injection for conservative treatment of rotator cuff disease. **For tendinopathy and partial tears:**	X		
	For all other tears			X
Ulnar collateral ligament injury	a. Three small studies on athletes all showed improvement outcomes	X		

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Change History

Version	Effective Date	Next Review Date
1.0	6/1/2020	6/1/2021
2.0	6/1/2021	6/1/2022
3.0	9/1/2022	9/1/2023
3.1	1/25/2023	9/1/2023
4.0	10/13/2023	9/1/2024
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