Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)

Guideline Number: MPG032.12
Approval Date: February 14, 2024

➲ Terms and Conditions

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Related Policies
None

Policy Summary

➲ See Purpose

Overview

Wound healing is a dynamic, interactive process that involves multiple cells and proteins. There are three progressive stages of normal wound healing, and the typical wound healing duration is about 4 weeks. While cutaneous wounds are a disruption of the normal, anatomic structure and function of the skin, subcutaneous wounds involve tissue below the skin's surface. Wounds are categorized as either acute, in where the normal wound healing stages are not yet completed but it is presumed they will be, resulting in orderly and timely wound repair, or chronic, in where a wound has failed to progress through the normal wound healing stages and repair itself within a sufficient time period.

Platelet-rich plasma (PRP) is produced in an autologous or homologous manner. Autologous PRP is comprised of blood from the patient who will ultimately receive the PRP. Alternatively, homologous PRP is derived from blood from multiple donors.

Blood is donated by the patient and centrifuged to produce an autologous gel for treatment of chronic, non-healing cutaneous wounds that persist for 30 days or longer and fail to properly complete the healing process. Autologous blood derived products for chronic, non-healing wounds includes both: (1) platelet derived growth factor (PDGF) products and (2) PRP (such as AutoloGel).

The PRP is different from previous products in that it contains whole cells including white cells, red cells, plasma, platelets, fibrin, stem cells, and fibrocyte precursors.

The PRP is used by physicians in clinical settings in treating chronic, non-healing wounds, open, cutaneous wounds, soft tissue and bone. Alternatively, PDGF does not contain cells and was previously marketed as a product to be used by patients at home.

Guidelines

Nationally Covered Indications

Effective for services performed on or after April 13, 2021, the Centers for Medicare & Medicaid Services (CMS) will cover autologous PRP for the treatment of chronic non-healing diabetic wounds under section 1862(a)(1)(A) of the Social Security Act

(the Act) for a duration of 20 weeks, when prepared by devices whose Food and Drug Administration-cleared indications include the management of exuding cutaneous wounds, such as diabetic ulcers.

Nationally Non-Covered Indications

- Autologous PDGF for the treatment of chronic, non-healing cutaneous wounds; and
- Becaplermin, a non-autologous growth factor for chronic, non-healing subcutaneous wounds; and
- Autologous PRP for the treatment of acute surgical wounds when the autologous PRP is applied directly to the closed incision, or for dehiscent wounds

Other

Effective for services performed on or after April 13, 2021:

- Coverage of autologous PRP for the treatment of chronic non-healing diabetic wounds beyond 20 weeks will be determined by local Contractors.
- Coverage of autologous PRP for the treatment of all other chronic non-healing wounds will be determined by the local Contractors under section 1862(a)(1)(A) of the Act.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment) (Non-Covered)
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)

Place of Service Code	Description
11	Office
19	Off campus-outpatient hospital
22	On campus-outpatient hospital
49	Independent clinic

References

CMS National Coverage Determinations (NCDs)

NCD 270.3 Blood-Derived Products for Chronic Non-Healing Wounds

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L39023 Platelet Rich Plasma Injections for Non-Wound Injections	A58737 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	CGS	KY, OH	KY, OH

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L39071 Platelet Rich Plasma	A58810 Billing and Coding: Platelet Rich Plasma	First Coast	FL, PR, VI	FL, PR, VI
L39058 Platelet Rich Plasma Injections for Non-Wound Injections	A58788 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L39060 Platelet Rich Plasma Injections for Non-Wound Injections	A58790 Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39068 Platelet Rich Plasma	A58808 Billing and Coding: Platelet Rich Plasma	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

CMS Claims Processing Manual

Chapter 32; § 11.3 Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds

CMS Transmittal(s)

Transmittal 11171, Change Request 12403, Dated 01/12/2022 (National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds)
Transmittal 11214, Change Request 12403, Dated 01/20/2022 (National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds)
Transmittal 11460, Change Request 12705, Dated 06/17/2022 (International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)–October 2022 Update)

MLN Matters

Article MM12403, National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
Article MM12705, International Classification of Diseases, 10th Revision (ICD10) and Other Coding Revisions to National Coverage Determinations (NCDs)–July 2022

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
02/14/2024	**Related Policies** • Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Wound Treatments* **Supporting Information** • Archived previous policy version MPG032.11

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support

coverage. Please utilize the links in the References section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.