



Medica Central Coverage Policy

Policy Name:	Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned) MP9713
Effective Date:	08/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Treatment with platelet-rich plasma is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Autologous conditioned serum injections are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Autologous whole blood injections for tendonopathies are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Autologous blood-derived products for chronic non-healing wounds are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policy: *Stem Cell Therapy for Orthopedic Applications and Prolotherapy*

Description

Platelet-rich plasma (PRP) is a bioactive component of whole blood. The specific elements of PRP have not been uniformly defined in the literature. PRP has a higher concentration of platelets compared with baseline blood. In general, PRP contains many growth factors, including platelet-derived growth factor, transforming growth factor, insulin-like growth factor, and vascular endothelial growth factor. It is thought that a concentrated preparation of PRP, with its inherent growth factors, may promote faster healing of injuries and assist in wound healing. PRP, derived from the patient's own blood (autologous), is applied, such as by an



Medica Central Coverage Policy

injection or implanted during surgery, to the site of injury. PRP may also be applied to the wound as autologous platelet concentrate (APC).

Autologous conditioned serum is produced by incubating a patient's venous blood in the presence of medical grade glass beads inducing the white blood cells in the blood sample to produce interleukin-1 receptor antagonist, the

biological antagonist of interleukin-1 (IL-1Ra), a key agent in osteoarthritis or intervertebral disc degeneration/prolapse pathology. The proposed theory is that IL-1Ra acts as an anti-inflammatory, to relieve pain and to protect joint cartilage. The injections may be administered in an out-patient or clinic setting and generally consists of a series of six injections given once or twice weekly.

Autologous whole blood injection is a re-injection, at an injury site, of a few millimeters of blood taken from the patient.

FDA Approval

Platelet-rich plasma injections, autologous whole blood and autologous conditioned serum injections are considered therapies and therefore are not regulated by the FDA. 510k clearances for dedicated centrifuges used for PRP preparation include but are not limited to Smartprep2 Bmac System, Smartprep Platelet Concentration System, K103340 (Harvest Technologies, Corp. Plymouth MA) Magellan® Autologous Platelet Separation System K021902 (Medtronic, Inc., Minneapolis, MN) The syringe used in developing the autologous conditioned serum is called Orthokine and is currently marketed by Orthogen Group in Dusseldorf, Germany. Orthokine is approved for use in the European Union and Australia.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **0232T** - Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed
- **0481T** - Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed

HCPC Codes:

- **G0460** - Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
- **G0465** – Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)
- **P9020** – Platelet Rich Plasma, each unit
- **S9055** – Procuren or other growth factor preparation to promote wound healing



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