Policy
The Medical Management Department reviews referral requests for authorization of Platelet-Rich Plasma (PRP) Injections.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure
Based on the evaluation of medical literature, the safety, efficacy and long-term outcomes; Platelet-Rich Plasma Injections are considered experimental or investigational for all conditions including the following: (not all-inclusive)

1. Musculoskeletal soft tissue injuries:
   a. Ligament, muscle or tendon tears;
   b. Tendinopathies;
   c. Epicondylitis;
   d. Plantar fasciitis

2. Augmentation after surgical repair or reconstruction:
   a. Shoulder impingement surgery;
   b. Rotator cuff tear repair or acromioplasty;
   c. Anterior cruciate ligament reconstruction (augmentation procedure);
   d. Acute Achilles tendon rupture surgery;
   e. ACL donor site

3. Wound or Ulcer Healing

4. Osteoarthritis of the knee and hip
CPT CODE NOT COVERED:

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<tr>
<th>Code</th>
<th>Description</th>
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<td>0232T</td>
<td>Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed.</td>
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REFERENCES:
CMS Pub. 100-3 Medicare National Coverage Determinations Manual; Section 270.3 Blood Derived Products for Chronic Non-Healing Wounds


Hayes, Inc. Medical Technology Directory.

Hayes, Inc. Search & Summary.

