

Platelet-Rich Plasma Compliance Guidelines

It's important to know when PRP is a covered service.

BY JEFFREY LEHRMAN, DPM

Platelet-rich plasma (PRP) can be a powerful weapon when battling chronic ulcers. Here, some of the coding and coverage considerations associated with the provision of this service are shared.

HCPCS Coding

HCPCS G0460—Autologous PRP for non-diabetic chronic wounds and ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment.¹

HCPCS G0465—Autologous PRP for diabetic chronic wounds and ulcers, using an FDA-cleared device for this indication (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment).¹

HCPCS G0460 and *G0465* were added to the HCPCS code set in the January 2022 update of the Medicare Physician Fee Schedule Database (MPFSDB) and HCPCS file and were effective retroactive to April 13, 2021. *HCPCS G0460* should be used to represent the delivery of autologous PRP to non-diabetic, chronic wounds and ulcers. This includes phlebotomy, centrifugation, all other preparatory procedures, and dressings. *HCPCS G0465* should be used to represent the delivery of autologous PRP to diabetic, chronic wounds and ulcers. This includes phlebotomy, centrifugation, all other preparatory procedures, and dressings. When submitting *HCPCS G0465* the device employed must be a device that has FDA clearance for the indication addressed.

HCPCS G-codes, such as *G0460* and *G0465*, are recognized by Medicare Contractors and some non-Medicare third-party payers. The only way to know if a non-Medicare payer recognizes a *HCPCS G*-code is to check with that payer.

Medicare Part B Coverage

Coverage of items and services for Medicare beneficiaries is limited to those deemed to be reasonable and necessary for the diagnosis or treatment

contradict NCDs. Prior to implementing an NCD, CMS must first issue a Manual Transmittal, CMS ruling, or Federal Register Notice giving specific directions to claims-processing contractors. That issuance, which includes an effective date and implementation date, is the NCD.

If appropriate, CMS must also change billing and claims processing systems and issue related instructions to allow for payment. NCDs are published in the Medicare National Coverage Determinations Manual. An

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of an illness or injury (and within the scope of a Medicare benefit category). National Coverage Determinations (NCDs) are national policy granting, limiting, or excluding Medicare coverage for a specific medical item or service. NCDs are developed and published by CMS and apply to all US states and territories. NCDs are made through an evidence-based process, with opportunities for public participation.

In some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). An NCD sets forth the extent to which Medicare will cover specific services, procedures, or technologies on a national basis. Medicare Administrative Contractors (MACs) are required to follow NCDs. Local Coverage Determinations (LCDs) cannot

NCD becomes effective as of the date of the decision memorandum.²

When an NCD is being developed or modified, there are numerous documents that support the process. These documents are considered the National Coverage Analysis (NCA). They include tracking sheets to inform the public of the issues under consideration, and the status (i.e., Pending, Closed) of the review, information about and results of MEDCAC (formerly known as MCAC) meetings, Technology Assessments, and Decision Memoranda that announce CMS' intention to issue an NCD. These documents, along with the compilation of medical and scientific information currently available, any FDA safety and efficacy data, clinical trial information, etc., provide the rationale behind the evidence-based NCDs.

Continued on page 28

Plasma (from page 27)

There is an NCD for Blood-Derived Products for Chronic Non-Healing Wounds and two NCAs for Autologous Blood-Derived Products for Chronic Non-Healing Wounds, one of which is a Decision Memoranda.

NCD 270.33 is titled, “Blood-Derived Products for Chronic Non-Healing Wounds.” It states: “the Centers for Medicare & Medicaid Services (CMS) will cover autologous PRP for the treatment of chronic non-heal-

ing wounds and reviews the literature that supports the coverage outlined by NCD 270.3, “Blood-Derived Products for Chronic Non-Healing Wounds.”

A MAC may issue an LCD in reference to platelet rich plasma. LCDs cannot contradict NCDs⁵ but may clarify an NCD or address common coverage issues. If a situation arises where an LCD does contradict an NCD, communication with the issuing MAC is suggested to discuss the fact that LCDs cannot contradict NCDs.

All the above coverage guidance

for these services and may do so on an individual case-by-case basis following review of documentation associated with the service, such as an operative report. As a result, the only way to determine the Medicare Part B reimbursement associated with G0465 is to communicate with the Part B MAC which has jurisdiction where the service was performed. Part B MACs may list this information on their website, eliminating the need for communication.

ICD-10-CM Coding

When submitting G0465 to Medicare Part B Contractors, CMS Manual System (Pub 100-04 Medicare Claims Processing) Transmittal 11171, Change Request 124037 instructs providers to point two different ICD-10-CM codes to G0465. The first ICD-10-CM code should be the appropriate diabetes code, and the second ICD-10-CM code should represent the location and severity of the chronic ulcer. These primary and secondary code options are listed in CMS Manual System (Pub 100-04 Medicare Claims Processing) Transmittal 11171, Change Request 12403. **PM**

References

- ¹ <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>
- ² Medicare Coverage Document Type Descriptions https://www.cms.gov/medicare-coverage-database/help/Document_Type_Descriptions.pdf
- ³ <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=217&ncdver=6>
- ⁴ <https://www.cms.gov/files/document/r11171cp.pdf>
- ⁵ <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncid=300>
- ⁶ <https://www.cms.gov/medicare/payment/fee-schedules/physician/lookup-tool>
- ⁷ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1005CP.pdf>

Coverage by non-Medicare third-party payers for platelet-rich plasma delivery can only be determined by communicating with that payer.

ing 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 FDA-cleared indications include the management of exuding cutaneous wounds, such as diabetic ulcers.”³

NCD 270.3 also states, “Autologous PRP for the treatment of acute surgical wounds when the autologous PRP is applied directly to the closed incision, or for dehiscent wounds” is a non-covered service. This NCD further directs that coverage of autologous PRP for the treatment of chronic non-healing diabetic wounds beyond 20 weeks and coverage of autologous PRP for the treatment of all other chronic non-healing wounds will be determined by the MAC with jurisdiction where the service was performed.

CMS Manual System (Pub 100-04 Medicare Claims Processing) Transmittal 11171 shares Change Request 12403,⁴ which informs MACs that, effective April 13, 2021, CMS will cover autologous PRP for the treatment of chronic non-healing diabetic wounds under specific conditions. This Transmittal also added HCPCS G0465 to the Policy and clarified use of HCPCS G0460.

NCA, Decision Memoranda CAG-00190R45, “Autologous Blood-Derived Products for Chronic Non-Healing Wounds”, discusses the history of CMS coverage of autologous blood-derived products for chronic non-heal-

ing 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 FDA-cleared indications include the management of exuding cutaneous wounds, such as diabetic ulcers.”³

Non-Medicare Coverage

There are hundreds of non-Medicare, third-party payers in the country. As with any service, coverage by non-Medicare third-party payers for PRP delivery can only be determined by communicating with that payer. Some non-Medicare payers may have public coverage policies for this service and others may not. For the purposes of this article, “non-Medicare” payers include Medicare Advantage plans.

Medicare Part B Provider Reimbursement

Most HCPCS codes are listed in the Medicare Physician Fee Schedule Database.⁶ HCPCS codes listed in the Medicare Physician Fee Schedule Database are assigned a Medicare Physician Fee Schedule Database Status Indicator.⁷ G0465 is listed in the Medicare Physician Fee Schedule Database and is assigned a Medicare Physician Fee Schedule Database Status Indicator of “C.” A Medicare Physician Fee Schedule Database Status Indicator of “C” indicates that the Relative Value Update Committee (RUC) has not assigned an RVU to the code and that carriers “price the code.” Carriers establish RVUs and payment amounts



Dr. Lehrman is a Certified Professional Coder, Certified Professional Medical Auditor, and operates Lehrman Consulting, LLC, which provides guidance regarding coding, compliance, and documentation. Follow him on X @DrLehrman.