# **Clinical Policy: Platelet Rich Plasma**



Reference Number: QCP.PP.010 Effective Date: 12/08/2010

Date of Last Revision: 03/01/2017

CPT Codes: P9020, 0232T Document: BI288:00

#### **Public Statement**

#### **Effective Date:**

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) Platelet rich plasma injections are not covered.
- 2) Platelet rich plasma is injected into areas around damaged tendons with the intent of stimulating healing.

#### **Medical Statement**

Blood products including platelet rich plasma used in the treatment of joints and tendinopathies', or for any other reason, are considered experimental/investigational and are not covered.

Codes Used in This BI:

P9020 - Platelet rich plasma unit 0232T - Injection platelet plasma

#### Limits

Intentionally left empty.

### Reference

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#### Addendum:

1. Effective 03/01/2017: Updated references.

### **Application to Products**

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.