



ND

# Medical Policies



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**Policy Number:** S-180

**Policy Name:** Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions

**Policy Type:** Medical

**Policy Subtype:** Surgery

**Effective Date:** 09-15-2025

**End Date:** 11-02-2025

## Description

A variety of growth factors have been found to play a role in wound healing, including platelet-derived growth factors (PDGF), epidermal growth factor, fibroblast growth factors, transforming growth factors, and insulin-like growth factors. Autologous platelets are a rich source of PDGF, transforming growth factors (that function as a mitogen for fibroblasts, smooth muscle cells, and osteoblasts), and vascular endothelial growth factors.

Autologous platelet concentrate suspended in plasma, also known as platelet-rich plasma (PRP), can be prepared from samples of centrifuged autologous blood. PRP is distinguished from fibrin glues or sealants.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; or

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## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Recombinant platelet-derived growth factor (i.e., becaplermin [Regranex]) may be considered medically necessary when used as an adjunct to standard wound management when **EITHER** of the following criteria has been met:

- Neuropathic diabetic ulcers extending into the subcutaneous tissue or beyond and have an adequate blood supply; **or**
- Pressure ulcers extending into the subcutaneous tissue.

Becaplermin gel for treatment of neuropathic ulcers may be considered medically necessary when **ALL** of the following criteria are met:

- Adequate tissue oxygenation of 30 mm Hg or greater measured by either:
  - A transcutaneous partial pressure on the foot dorsum or at the margin of the ulcer; **or**
  - Toe photoplethysmography (PPG) with infrared reflectance technique; **and**
- Full-thickness ulcer (i.e., Stage III or IV), extending through dermis into subcutaneous tissues; **and**
- Participation in a wound-management program, which includes sharp debridement, pressure relief (i.e., non-weight bearing), and infection control.

Becaplermin gel for the treatment of pressure ulcers may be considered medically necessary when **ALL** of the following criteria are met:

- Full-thickness ulcer (i.e., Stage III or IV), extending through dermis into subcutaneous tissues; **and**
- Ulcer in an anatomic location that can be off-loaded for the duration of treatment; **and**
- Albumin concentration greater than 2.5 dL; **and**
- Total lymphocyte count greater than 1,000; **and**
- Normal values of vitamins A and C.

All other applications of recombinant platelet-derived growth factor (i.e., becaplermin [Regranex]) are considered experimental/investigational, and therefore, non-covered including, but not limited to, ischemic ulcers, ulcers related to venous stasis, and ulcers not extending through the dermis into the subcutaneous tissue. The safety and/or effectiveness cannot be established by review of the published peer-reviewed literature.

## Procedure Codes

S0157	S9055
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## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Use of autologous blood-derived preparations (i.e., injection of PRP) is considered experimental/investigational and therefore non-covered for **ALL** non-orthopedic conditions because the effectiveness cannot be established by published peer-reviewed literature.

## Procedure Codes

0232T	0481T	86999	G0460	G0465	P9020
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# Professional Statements and Societal Positions Guidelines

Not Applicable

## Diagnosis Codes

### Covered Diagnosis Codes for Procedure Codes S0157 and S9055

E08.621	E08.622	E09.621	E09.622	E10.21	E10.40	E10.41
E10.42	E10.43	E10.49	E10.621	E10.622	E11.40	E11.41
E11.42	E11.43	E11.49	E11.621	E11.622	E13.621	E13.622
L89.013	L89.014	L89.023	L89.024	L89.113	L89.114	L89.123
L89.124	L89.133	L89.134	L89.143	L89.144	L89.153	L89.154
L89.213	L89.214	L89.223	L89.224	L89.313	L89.314	L89.323
L89.324	L89.43	L89.44	L89.513	L89.514	L89.523	L89.524
L89.613	L89.614	L89.623	L89.624	L89.813	L89.814	L89.893
L89.894	L97.112	L97.113	L97.114	L97.115	L97.116	L97.118
L97.122	L97.123	L97.124	L97.125	L97.126	L97.128	L97.212
L97.213	L97.214	L97.215	L97.216	L97.218	L97.222	L97.223
L97.224	L97.225	L97.226	L97.228	L97.312	L97.313	L97.314
L97.315	L97.316	L97.318	L97.322	L97.323	L97.324	L97.325
L97.326	L97.328	L97.412	L97.413	L97.414	L97.415	L97.416
L97.418	L97.422	L97.423	L97.424	L97.425	L97.426	L97.428
L97.512	L97.513	L97.514	L97.515	L97.516	L97.518	L97.522
L97.523	L97.524	L97.525	L97.526	L97.528	L97.812	L97.813
L97.814	L97.815	L97.816	L97.818	L97.822	L97.823	L97.824
L97.825	L97.826	L97.828	L97.912	L97.913	L97.914	L97.915

L97.916	L97.918	L97.922	L97.923	L97.924	L97.925	L97.926
L97.928	L98.412	L98.413	L98.414	L98.415	L98.416	L98.418
L98.422	L98.423	L98.424	L98.425	L98.426	L98.428	L98.492
L98.493	L98.494	L98.495	L98.496	L98.498		

## CURRENT CODING

### CPT:

0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	Commercial
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	Commercial
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Commercial
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	Medicaid Expansion
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	Medicaid Expansion
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Medicaid Expansion

### HCPCS:

G0460	Autolog prp not diab ulcer	Commercial
G0465	Autolog prp diab wound ulcer	Commercial
P9020	Plaelet rich plasma unit	Commercial
S0157	Becaplermin gel 1%, 0.5 gm	Commercial
S9055	Procuren or other growth fac	Commercial
G0460	Autolog prp not diab ulcer	Medicaid Expansion
G0465	Autolog prp diab wound ulcer	Medicaid Expansion
P9020	Plaelet rich plasma unit	Medicaid Expansion
S0157	Becaplermin gel 1%, 0.5 gm	Medicaid Expansion
S9055	Procuren or other growth fac	Medicaid Expansion

## References

1. National Institute for Health and Clinical Excellence (NICE). Diabetic foot problems: prevention and management [NG19].
2. Johnson A. Taking a Fresh Look at Regranex Gel. *Podiatry Management*. August 2015;34(6):93-98.
3. Sridharan K Growth factors for diabetic foot ulcers: mixed treatment comparison analysis of randomized clinical trials. *Br J Clin Pharmacol*. 2018;84(3):434-444.29148070.
4. Alamdari DH AM, Rahim AN, et al. Efficacy and safety of pleurodesis using platelet-rich plasma and fibrin glue in management of postoperative chylothorax after esophagectomy. *World J Surg*. 2018;42(4):1046-1055.
5. Yeung CY HP, Wei LG, Hsia LC, Dai LG, Fu KY, Dai NT. Efficacy of lyophilised platelet-rich plasma powder on healing rate in patients with deep second degree burn injury: A prospective double-blind randomized clinical trial. *Ann Plast Surg*. 2018;80(1):S66- S69.
6. Smith O, Jell G, Mosahebi A. The use of fat grafting and platelet-rich plasma for wound healing: A review of the current evidence. *Int Wound J*. 2019;16(1)275-285.
7. Saha S, Patra A, Gowda S, et al. Effectiveness and safety of autologous platelet-rich plasma therapy with total contact casting versus total contact casting alone in treatment of trophic ulcer inleprosy: An observer-blind, randomized controlled trial. *Indian J Dermatol Venereol Leprol*. 2020;86:262- 71.

## ND Committee Review

Internal Medical Policy Committee 11-14-2019 language update

Internal Medical Policy Committee 1-19-2021 Annual Review

Internal Medical Policy Committee 1-20-2022 Coding Update- **Effective January 01, 2022**

- **Adding** Procedure Code: G0465

Internal Medical Policy Committee 1-26-2023 Annual Review - no changes in criteria

Internal Medical Policy Committee 1-16-2024 Annual Review - no changes in criteria

Internal Medical Policy Committee 9-17-2024 Coding Update- **Effective November 4, 2022**

- **Removed** Diagnosis Codes L89.003, L89.004, L89.103, L89.104, L89.203, L89.204, L89.303, L89.304, L89.503, L89.504, L89.603, L89.604, L89.93, L89.94, L97.102, L97.103, L97.104, L97.105, L97.106, L97.108, L97.202, L97.203, L97.204, L97.205, L97.206, L97.208, L97.302, L97.303, L97.304, L97.305, L97.306, L97.308, L97.402, L97.403, L97.404, L97.405, L97.406, L97.408, L97.502, L97.503, L97.504, L97.505, L97.506, L97.508, L97.802, L97.803, L97.804, L97.805, L97.806, L97.808, L97.902, L97.903, L97.904, L97.905, and L97.906.
- **Added** Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in*

*adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*