Payment Guideline: Platelet-Rich Plasma Injections

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

Applicable Plans

- ☒ Student Health Insurance (for policies issued or renewing after May 2019)
  - ☒ Fully Insured
    - ☐ Excluding policies issued in the following states: N/A
    - ☐ Excluding ISO
  - ☒ Self-Funded
    - ☐ Excluding policies issued by the following schools: N/A
- ☒ Student Sports
  - ☒ Fully Insured; for policies issued by the following carriers:
    - ☒ AIG
    - ☒ Axis

☒ Commercial Casualty Insurance Company/Wellfleet Insurance

☒ Self-Funded

☐ Excluding policies issued by the following schools: N/A

☒ Fully Insured Student Accident; for policies issued by the following carriers:

☒ AIG

☒ Axis

☒ Commercial Casualty Insurance Company/Wellfleet Insurance

☒ Self-Funded Employer Insurance

☐ Excluding policies issued by the following employers: N/A

Purpose

To describe how the use of Platelet Rich Plasma (PRP) will be considered and reviewed by Wellfleet

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Scope

The Guideline lists eleven specific areas of utilization for PRP. Any other utilization of PRP will require Medical Review.

Guidelines

The following grid describes the evaluation performed and the results for eleven specific areas of utilization for PRP. The results are either:

1. Approve after review by RN
2. Refer for physician review
3. Investigational/Experimental

Any utilization not listed in the grid will require physician review.

Diagnosis or Procedure	Supporting Information	Appr	Refer	I/E
Achilles tendinopathy	a. RCTs failed to show any superiority of PRP compared with placebo or physiotherapy.		X	
Achilles rupture	a. In case of Achilles tendon ruptures, surgical treatment is required.			X
Anterior cruciate ligament injury or reconstruction	a. Two studies show positive results for injection without surgery: **If request is for injection without surgery:**	X		
	b. Systematic reviews show that when used intra-operatively there is no beneficial effects in terms of clinical outcome, bone–graft integration and prevention of bony tunnel enlargement. **If request is for surgical application:**			X

Diagnosis or procedure	Supporting Information	Appr	Refer	I/E
ACL reconstruction donor site: Patellar tendon	a. Recent studies showed that the application of PRP to the harvest site contributed to improved healing and pain			Patellar tendon donor site in ACL reconstruction
Knee injections for cartilage repair	a. Several individual studies, including RCTs, conclude that intra-articular PRP in the knee considerably reduces pain and improves joint stiffness and physical function. It doesn't stop or slow knee OA but can delay surgery, improve the quality of life temporarily. b. Six meta-analyses showed positive results for PRP to some extent, though there were often concerns with the results due to issues such as low patient populations, heterogeneity, etc. c. Two meta-analyses showed controversial results stating additional high-level, well designed large studies utilizing standardized protocols are needed to validate the efficacy and clinical utility of PRP d. One meta-analysis showed negative results, but it also described many confounders.		X	
Lateral epicondylitis	a. Numerous studies have been performed with PRP against varied controls and arms such as placebo, glucocorticoid injection, autologous blood injection and needling. Though more studies have positive results than negative, there is no consistency in the results, leaving more questions than answers. b. Two meta-analyses show PRP may reduce the pain associated with lateral epicondylitis. Three meta-analyses were equivocal. c. One meta-analysis of RCT's was highly positive when highly cellular leukocyte-rich PRP (LR-PRP) is used c. One meta-analysis was negative, but it was older than the others **When request includes use of LR-PRP:**	X		
	When request is without use of LR-PRP:		X	
Meniscal tears	a. There are few studies and they are small and contradictory. No definite conclusions can be drawn.		X	
Muscle injury	a. Non-randomized studies affirmed that PRP improves quality of tissue repair or accelerates the functional recovery. b. RCT's showed controversial results. One small RCT showed PRP improved functional recover and time to return to sport and pain management while subsequent studies showed no benefit.		X	

Diagnosis or Procedure	Supporting Information	Appr	Refer	I/E
Patellar tendinopathy	a. Three studies showed minimal benefit b. Other, minimal studies show conflicting information. c. Meta-Analysis of RTC's on tendinopathies was highly positive when highly cellular leukocyte-rich PRP (LR-PRP) is used		X	
Plantar Fasciitis	a. There are numerous studies which are conflicting. b. A meta-analysis and a systematic review state the studies are of low quality and document only a marginal benefit for PRP. They appear to show no benefit in show- and intermediate-term pain relief and only limited evidence for benefit in long term pain relief.			X
Rotator cuff injuries	a. Limited evidence does not support the routine use of platelet-rich plasma (PRP) for the treatment of rotator cuff tendinopathy or partial tears b. Limited evidence supports the use of liquid platelet–rich plasma in the context of decreasing re-tear rates i. Practitioners should feel little constraint in following a recommendation labeled as limited, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harms. Patient preference should have a substantial influencing role. **For tendinopathy and partial tears:**		X	
	For all other tears			X
Ulnar collateral ligament injury	a. Three small studies on athletes all showed improvement outcomes		X	

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Change History

Version	Effective Date	Next Review Date
1.0	6/1/2020	6/1/2021
2.0	6/1/2021	6/1/2022