MEDICAL POLICY

Medical Policy Title	**Platelet Rich Plasma and Growth Factor Treatments**
Policy Number	**2.01.24**
Current Effective Date	**January 22, 2026**
Next Review Date	**January 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Platelet-Rich Plasma (PRP) and autologous platelet-derived preparations (i.e., Basic Fibroblast Growth Factor (BFGF), Epidermal Growth Factor (EGF), Placental Angiogenic Growth Factors (PGFs) are considered **investigational** for **ALL** indications.

RELATED POLICIES

Corporate Medical Policy

7.01.35 Bioengineered Tissue Products for Wound Treatment and Surgical Interventions

8.01.10 Prolotherapy

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

Growth factors are polypeptides produced by cells during development and in response to injury. Owing to their effects on cell proliferation, growth factors have undergone extensive analyses, to determine their usefulness as wound healing agents.

Examples of growth factors used in wound healing are:

I. Basic Fibroblast Growth Factor (BFGF);

II. Epidermal Growth Factor (EGF);

III. Placental Angiogenic Growth Factors (PGFs); and

IV. Platelet-Derived Growth Factor (PDGF).

Platelet-rich plasma (PRP) preparations, which contain growth factors, have been proposed as a primary treatment of miscellaneous conditions such as arthritis, Dupuytren's contracture, epicondylitis, plantar fasciitis, and tendinopathy.

SUPPORTIVE LITERATURE

Platini et al (2024) conducted a systematic review and meta-analysis to assess the efficacy and safety of autologous PRP gel for managing diabetic foot ulcers in older adults (N=598) across eight randomized controlled trials (RCTs). Compared with standard care, autologous PRP gel significantly improved wound healing rates (Relative Risk [RR]=1.32; 95% CI: 1.22 to 1.57; p<.0001; I2=23%) and reduced the time to complete healing (MD= -16.97 days; 95% CI: -32.64 to -1.29; p<.0001; I2=93%). PRP also shortened hospital stays (MD=-20.11 days; 95% CI: -38.02 to -2.20; p=.03) and decreased the amputation rate (RR=0.36; 95% CI: 0.16 to 0.84; p=.02; I2=0%) when compared to conventional treatments. The authors also noted its infection prevention efficacy during early treatment was significant at one week (RR=0.56; 95% CI: 0.34 to 0.91; p=.02) and two weeks (p=.01), but when assessed from week 4 to 12, no significant differences were observed. No improvements in the reduction of wound surface area were noted in the included studies. Heterogeneity across outcomes varied but was particularly high in healing duration outcomes. Funnel plot analyses revealed minimal publication bias. Limitations included non-standardized dosages of PRP, high heterogeneity for some pooled estimates, and insufficient reporting of some clinical outcomes.

Li et al (2025) conducted a RCT to evaluate tendon healing after arthroscopic extensor carpi radialis brevis (ECRB) repair in recalcitrant lateral epicondylitis (RLE) combined with PRP compared to surgery repair alone. Individuals (n=73) were randomized to the PRP group (n=35) and the control group (n=38). Tendon healing was assessed by MRI at follow up intervals (3, 6, and 12 months). No significant differences were found in magnetic resonance imaging classification and functional scores between groups at preoperative and follow-up periods. However, the PRP group showed a significant improvement in grip and wrist extension muscle strength at 6 weeks postoperatively (P = .008 and P < .001, respectively), whereas the control group did not (P = .583 and .056). No complications were associated with PRP injection. The authors concluded this RCT showed PRP used as an adjuvant to ECRB repair did not show a difference in tendon healing and functional outcomes compared with ECRB repair alone for RLE at 12-month follow-up.

Bains et al (2025) published results from a single center, double blind, RCT comparing PRP injections to corticosteroid (CS) injections in patients (n=52) with mild to moderate symptomatic knee osteoarthritis. Follow up at 6 weeks and 3 months conducted outcome measurements in pain scores, including Visual Analog Scale (VAS) and Numeric Pain Rating Scale (NPRS); and functional scores, including Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and Knee Injury and Osteoarthritis Outcome Score (KOOS). Patients were randomized to receive treatment with an intra-articular injection of CS (n = 26) or PRP (n = 26). At six weeks, CS patients had significantly greater reductions from baseline in VAS (-24.26 versus -7.38, P = 0.033) and NPRS (-2.24 versus -0.92, P = 0.042). At three months, CS and PRP patients experienced similar improvements in VAS (-18.27 versus 13.27, P = 0.610) and NPRS (-1.81 versus -0.65, P = 0.798), respectively. Both groups experienced similar improvements in KOOS and WOMAC. The authors concluded this RCT showed treatment of mild to moderate knee osteoarthritis with CS injections demonstrated greater pain reduction at six weeks. Based on these findings, expectations regarding the clinical utility of PRP should be tempered. Limitations of the study include only mild to moderate knee osteoarthritis patients were recruited, patient report of pain and functional scores are subjective, and a lack of

long-term follow up.

PROFESSIONAL GUIDELINE(S)

The American Academy of Orthopaedic Surgeons clinical practice guidelines for the management of osteoarthritis of the hip (AAOS 2017), glenohumeral joint (AAOS 2020), and rotator cuff (AAOS 2025) do not recommend the use of PRP for management of these conditions.

The AAOS clinical practice guidelines for the management of osteoarthritis of the knee (AAOS 2021) made the following recommendations regarding PRP:

- "Platelet-rich plasma (PRP) may reduce pain and improve function in patients with symptomatic osteoarthritis of the knee. (Strength of Recommendation: Limited, downgrade)"

The National Institute for Health and Care Excellence (NICE) published interventional procedure guidance for PRP for knee osteoarthritis (NICE 2019) and state the evidence on efficacy is limited in quality.

The Agency for Healthcare Research and Quality (AHRQ) (2020) published a Technology Assessment on Platelet-Rich Plasma for Wound Care in the Medicare Population. This Technology Assessment was requested by the Centers for Medicare & Medicaid Services to inform reconsideration of a National Coverage Decision on autologous blood-derived products for chronic non-healing wounds. This Technology Assessment evaluates evidence in lower extremity diabetic ulcers, lower extremity venous ulcers and pressure ulcers. Their findings are as follows:

- “We are moderately confident that autologous platelet-rich plasma increases complete wound closure or healing (moderate strength of evidence [SOE]) in individuals with lower extremity diabetic ulcers. We have low confidence that autologous platelet-rich plasma may shorten time to wound closure (low SOE) and reduce wound size (low SOE). Evidence is insufficient to make conclusions about other important outcomes such as hospitalization, amputations, and wound recurrence.
- Evidence is insufficient to make conclusions about the effect of autologous platelet-rich plasma on wound healing in individuals with lower extremity venous ulcers.
- Evidence is insufficient to make conclusions about the effect of autologous platelet-rich plasma on wound healing in individuals with pressure ulcers.
- There is no statistically significant difference in adverse events and serious adverse events between autologous platelet-rich plasma and management without autologous platelet-rich plasma, though the available literature does not evaluate and report adverse events consistently.
- The available literature suffers from important limitations, such as inadequate description of offloading and wound care procedures, wound characteristics, platelet-rich plasma formulation techniques, concentration and volume; inadequate length of follow up and lack of stratification by comorbidities and other patient characteristics such as diabetes control, vascular perfusion and under representation of older adults”.

REGULATORY STATUS

The FDA regulates human cells and tissues intended for implantation, transplantation, or infusion

through the Center for Biologics Evaluation and Research, under Code of Federal Regulation, Title 21, parts 1270 and1271. Under these regulations, certain products including blood products such as PRP are exempt and therefore, do not follow the traditional FDA regulatory pathway. To date, the FDA has not attempted to regulate activated PRP.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
0232T (E/I)	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

HCPCS Codes

Code	Description
G0460 (E/I)	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)
G0465 (E/I)	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)
P9020 (E/I)	Platelet rich plasma, each unit
S9055 (E/I)	Procuren or other growth factor preparation to promote wound healing

ICD10 Codes

Code	Description
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer

Code	Description
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer

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CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3) [accessed 2026 Jan 22]

Platelet Rich Plasma (LCD L38937) [accessed 2026 Jan 22]

Billing and Coding: Platelet Rich Plasma (Article A58609) [accessed 2026 Jan 22]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
10/18/01, 05/16/02, 04/24/03, 05/19/04, 07/21/05, 03/16/06, 01/18/07, 01/17/08, 01/15/09, 02/18/10, 02/17/11, 02/16/12, 02/21/13, 02/20/14, 01/22/15, 01/21/16, 03/16/17, 02/15/18, 01/16/20, 01/21/21, 01/20/22, 01/19/23, 01/18/24, 01/23/25, 01/22/26	
Date	**Summary of Changes**
01/22/26	• Annual update, policy title change, policy statements deleted for Becalpermin gel.
01/23/25	• Annual update, policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
10/18/01	• Original effective date