

Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)

Also known as	<p>Topical treatments:</p> <ol style="list-style-type: none">AutoloGelAutologous platelet rich plasmaAutologous platelet-derived growth factor (PDGF)Platelet-derived growth factorProcurenSafeBlood <p>Injections:</p> <ol style="list-style-type: none">AutoloGelAutologous conditioned serum injectionsAutologous platelet rich plasma injectionsAutologous PRP injectionsAutologous whole blood injectionsPlatelet rich plasma injectionsPRP injectionsProcurenSafeBlood				
Description	<p>Autologous blood-derived products are preparations proposed for the treatment of chronic non-healing wounds, made using components of the patient’s own blood. The patient’s blood is used to create a topical treatment or an injection to treat the wound.</p> <p>Injections are done into the area around or within the damaged tissues for the purpose of healing and pain control. Commonly, the area to be injected may be the tendons, joints of the heel, elbow, or knee.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Autologous Serum for Treatment of Dry Eyes - Eye drops made from a patient’s own blood.Trigger Point Dry Needling - Intended to treat a variety of pain conditions by inserting needles into the skin at identified pain locations).				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.5.24</td><td>Updated to new template.</td></tr></table>	Date	Description	6.5.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned)</i> (MP9713), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Mayo Medical Plan (MMP)	<p>Coverage depends on the provider.</p> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>Non-Mayo provider</td><td><ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.</td></tr></table>	Provider	Coverage	Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	Non-Mayo provider	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.
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Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned)</i> (MP9713), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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