



Related MLN Matters Article #: MM6043 **Revised**

Date Posted: May 5, 2008

Related CR #: 6043

Blood-Derived Products for Chronic, Non-Healing Wounds - JA6043

Note: This job aid was revised to change a URL for Section 310.1 on page 2 that had been changed.

Key Words

MM6043, CR6043, R83NCD, Blood, Chronic, Non-healing, Wound

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is March 19, 2008.
- The implementation date is June 2, 2008.
- On March 19, 2008, the Centers for Medicare & Medicaid Services (CMS) issued a Decision Memorandum following a National Coverage Analysis to evaluate the use of autologous blood-derived products for the treatment of chronic, non-healing cutaneous wounds, specifically the use of autologous platelet rich plasma (PRP) for the treatment of acute wounds where PRP is applied directly to the closed incision site or for dehiscent wounds.
- CMS has determined that the evidence is inadequate to conclude that autologous PRP for the treatment of chronic non-healing cutaneous wounds, acute surgical wounds when the autologous PRP is applied directly to the closed incision, or dehiscent wounds improves health outcomes in the Medicare population.
- Effective March 19, 2008, CMS is maintaining its current non-coverage determination for autologous PRP for the treatment of chronic, non-healing cutaneous wounds and issuing a non-coverage determination for acute surgical wounds when the autologous PRP is applied directly to the closed incision and for dehiscent wounds.
- Effective for claims with dates of service on or after March 19, 2008, the use of autologous PRP for the treatment of acute surgical wounds where the PRP is applied directly to the closed incision, or dehiscent wounds, will be denied by Medicare contractors.

Background

- In 1992, CMS issued a national non-coverage determination for autologous, platelet-derived wound healing formulas intended to treat patients with chronic, non-healing wounds.
- In December 2003, CMS issued a national non-coverage determination for use of PRP for the treatment of chronic non-healing cutaneous wounds except for routine costs when used in accordance with the clinical trial policy defined in the *Medicare National Coverage Determinations (NCD) Manual* (Section 310.1; see http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf on the CMS website).
- In April 2005, CMS issued an NCD to correct the erroneous potential for local coverage of becaplermin, a non-autologous growth factor for chronic non-healing subcutaneous wounds, stating that because it is usually self-administered, it would remain nationally non-covered under Part B based on the Social Security Act (Section 1861(s)(2)(A) and (B); see http://www.ssa.gov/OP_Home/ssact/title18/1861.htm on the Internet).

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6043.pdf> on the CMS website.

The official instruction (CR6043) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R83NCD.pdf> on the CMS website.