Washington State Health Care Authority
Health Technology Assessment

Autologous Blood/ Platelet-rich Plasma Injections

Findings & Decision
Timeline and Overview of Comments

The Health Technology Assessment (HTA) program received comments in response to the posted Health Technology Clinical Committee (HTCC) draft findings and decision on autologous blood/ platelet-rich plasma injections.

Timeline

Phase	Date	Public Comment Days
Technology recommendations published		
Public comments	January 5 to 20, 2015	**16**
Selected technologies published		
Public comments	February 4 to March 6, 2015	**31**
Draft key questions published	December 7, 2015	
Public comments	December 8 to 22, 2015	**15**
Final key questions published	January 7, 2016	
Draft report published	February 2 5, 2016	
Public comments	February 26, to March 28, 2016	**30**
Final report published	April 15, 2016	
Public meeting	May 20, 2016	
Draft findings & decision published	June 7, 2016	
Public comments	June 8 to 21, 2016	**14**

Overview: No comments

Category	Comment Period *June 8 to 21, 2016*	Cited Evidence
Patient, relative, and citizen	0	0
Legislator and public official	0	0
Health care professional	0	0
Industry & manufacturer	0	0
Professional society & advocacy organization	0	0
Total	**0**	**0**

Washington State Health Care Authority
Health Technology Assessment

Health Technology Clinical Committee
Findings and Decision

Topic: Autologous Blood/ Platelet-rich Plasma Injections
Meeting Date: May 20, 2016
Final Adoption:

Meeting materials and transcript are available on the HTA website:
www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

Number and Coverage Topic:
20160520B – Autologous Blood/ Platelet-rich Plasma Injections

HTCC Coverage Determination:
Autologous blood/ platelet-rich plasma injections are **not a covered benefit.**

HTCC Reimbursement Determination:

Limitations of Coverage: NA

Non-Covered Indicators: NA

Agency Contact Information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

HTCC Coverage Vote and Formal Action:

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee concluded that the current evidence on autologous blood/ platelet-rich plasma injections is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of autologous blood/ platelet-rich plasma injections compared to current alternative strategies. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to not cover autologous blood/ platelet-rich plasma injections.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Autologous Blood/ Platelet-rich Plasma Injections	8	3	0

Discussion

The committee reviewed and discussed the available evidence. The committee considered the quality of the available literature addressing the use of autologous blood and platelet-rich plasma injections for tendinopathies including tennis elbow, Achilles tendinopathy, pathellar tendinopathy, rotator tendinosis and rotator tears. Additional conditions with available evidence include plantar fasciitis, acute injuries and osteoarthritis. A majority of committee members found the technology to be unproven in terms of efficacy, safety and cost-effectiveness. Prior to the vote on coverage the committee discussed potential conditions for coverage. A majority of the committee voted to not coverage autologous blood injections and platelet rich plasma injections for any of the conditions considered in the review.

Limitations

NA

Action

The committee checked for availability of a Medicare national coverage decision (NCD). There is no NCD that applies to autologous blood and platelet rich plasma injections.

The committee discussed clinical guidelines identified for autologous blood/ platelet-rich plasma from the following organizations:

American Academy of Orthopedic Surgeons, (2013)
American College of Occupational and Environmental Medicine, (2011, 2012)
Colorado Division of Workers Compensation, (2010)
Hsu et al. (2013)
International Cellular Medicine Society, (2011)
Work Loss Data Institute, (2013)

The chair noted consistency with some of the existing guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on autologous blood/ platelet-rich plasma injections reflective of the majority vote for public comment followed by final review at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.