



Dear Patient:

You have been scheduled for a Platelet Rich Plasma (PRP) injection or Autologous Blood Injection under ultrasound guidance to be performed in the Department of Radiology and Imaging at Hospital for Special Surgery.

Most health insurance plans consider this treatment experimental or investigational and therefore do not cover PRP therapy and PRP (autologous blood) related therapies. Because the health insurance plans below have notified us that these therapies are not covered, we can not bill these health insurance plans for this service.

- **The attached Advance *Notice of Non-Coverage* form must be signed by all patients undergoing these procedures and full payment must be made prior to treatment.** If your health insurance plan is not listed below you may select any Option. If your health plan is listed below you may select only Option 2 or Option 3.

Health insurance plans with confirmed non-coverage policies on PRP and PRP related therapies:

- AETNA
- BLUE CROSS BLUE SHIELD
- CIGNA HEALTH PLANS
- HEALTH NET
- OXFORD HEALTH PLANS
- UNITED HEALTHCARE

Please read the *Notice* as well as the attached *Patient Instructions* thoroughly so you understand your Options. Questions regarding these procedures can be directed to the Radiology Nurse at (212) 774-7111.

If you do not wish to continue with this procedure, please inform our scheduling office at (212) 774-2052 and please discuss alternate treatment options with your physician overseeing your care.

Thank you for choosing the Department of Radiology and Imaging at the Hospital for Special Surgery for your musculoskeletal care and the physicians of the HSS *Radiologists*.

Thank you

Patient Name: _____ (Patient ID# _____)

ADVANCE NOTICE OF NONCOVERAGE

INJECTION OF AUTOLOGOUS PLATELET-RICH PLASMA (PRP) UNDER IMAGE GUIDANCE

NOTE: If your Health Benefits Plan does not pay for this treatment, you may have to pay.

Your Health Benefits Plan does not pay for everything, even some care that you or your health care provider have good reason to think you need.

We expect that your Health Benefits Plan may not pay for the injection of autologous platelet-rich plasma (PRP) under image guidance. The reason your Health Benefits Plan may not pay is because the treatment may be considered experimental, investigational or unproven for any indications or conditions.

The estimated cost of this treatment is \$2,439.87. This includes Hospital and Radiologists fees.

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- **Ask us any questions that you may have after you finish reading.**
- **Choose an option below about whether to receive this treatment**

OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the treatment listed above. I agree to pay now, but I also want my Health Benefits Plan asked for a formal decision on service coverage and payment unless it has already advised HSS within the past 30 days that it does not cover or pay for the service. I understand that if my Health Benefits Plan doesn't agree to cover or pay for the service, I am responsible for payment, but I may be able to appeal this decision by my Health Benefits Plan by following my Health Benefits Plan's instructions. If my Health Benefit Plan does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> OPTION 2. I want the treatment listed above, but do not bill my Health Benefits Plan. I agree to pay now. I understand that I cannot appeal because my Health Benefits Plan will not be billed.
<input type="checkbox"/> OPTION 3. I don't want the treatment listed above.

This notice gives our opinion, not an official decision by your Health Benefits Plan.

Signing below means that you have received and understand this notice, and that you agree to be personally and fully responsible to HSS for all fees for this treatment:

Signature of Patient/ _____
 Parent/Guardian/Healthcare Agent
 Relationship to Patient _____ Date: _____

Witness Certification: I certify that I have witnessed the person whose signature appears above signing this Advance Notice of Noncoverage.

 signature of Witness Date

Patient Name: _____ (Patient ID# _____)

ADVANCE NOTICE OF NONCOVERAGE

INJECTION OF AUTOLOGOUS BLOOD UNDER IMAGE GUIDANCE

NOTE: If your Health Benefits Plan does not pay for this treatment, you may have to pay.

Your Health Benefits Plan does not pay for everything, even some care that you or your health care provider have good reason to think you need.

We expect that your Health Benefits Plan may not pay for the injection of autologous blood under image guidance. The reason your Health Benefits Plan may not pay is because the treatment may be considered experimental, investigational or unproven for any indications or conditions.

The estimated cost of this treatment is \$2209.64. This includes Hospital and Radiologists fees.

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- **Ask us any questions that you may have after you finish reading.**
- **Choose an option below about whether to receive this treatment**

OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the treatment listed above. I agree to pay now, but I also want my Health Benefits Plan asked for a formal decision on service coverage and payment unless it has already advised HSS within the past 30 days that it does not cover or pay for the service. I understand that if my Health Benefits Plan doesn't agree to cover or pay for the service, I am responsible for payment, but I may be able to appeal this decision by my Health Benefits Plan by following my Health Benefits Plan's instructions. If my Health Benefit Plan does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the treatment listed above, but do not bill my Health Benefits Plan. I agree to pay now. I understand that I cannot appeal because my Health Benefits Plan will not be billed.
<input type="checkbox"/>	OPTION 3. I don't want the treatment listed above.

This notice gives our opinion, not an official decision by your Health Benefits Plan.

Signing below means that you have received and understand this notice, and that you agree to be personally and fully responsible to HSS for all fees for this treatment:

Signature of Patient/ _____
 Parent/Guardian/Healthcare Agent
 Relationship to Patient _____ Date: _____

Witness Certification: I certify that I have witnessed the person whose signature appears above signing this Advance Notice of Noncoverage.

 signature of Witness Date

Your physician has sent you for an image-guided injection. It is either for PRP or Autologous Blood injection. The following are answers to frequently asked questions.



PATIENT INSTRUCTIONS
ULTRA-SOUND GUIDED:

- **PLATELET RICH PLASMA (PRP) INJECTION**
- **AUTOLOGOUS BLOOD INJECTION**

WHAT IS PLATELET-RICH PLASMA?

Platelet Rich-Plasma (PRP) is blood plasma with concentrated platelets. The concentrated platelets in PRP contain huge reservoir of bioactive proteins, including growth factors that are important to tissue regeneration and repair.

HOW DOES PRP DIFFER FROM AUTOLOGOUS BLOOD INJECTION?

The principle behind both autologous blood injection and PRP injection is similar.

The difference between the two is that autologous blood uses all the blood components while PRP uses only a concentration of platelets.

HOW DOES PRP WORK?

After consent is obtained for the procedure, a small amount of blood is taken from the patient and placed in a centrifuge. The centrifuge spins the blood and the platelet rich plasma (PRP) is separated. The PRP is injected under sterile condition to prevent infection and under Ultrasound guidance by an experienced radiologist to precisely localize the site of the tendon/soft tissue abnormality.

WHAT ARE THE POTENTIAL BENEFITS OF TREATMENT?

Patients report improvement in symptoms and return of function, but it takes time; six to eight weeks. This procedure may eliminate the need for more invasive treatments, such as surgery or prolonged use of medication.

WHAT CAN I EXPECT IMMEDIATELY FOLLOWING THE PROCEDURE? ANY PAIN RELIEF?

The anesthetic utilized to numb the skin generally wears off in 1-2 hours. Mild pain and swelling may occur at the injection site at this time.

Bleeding at the site of the injection can occur, but usually subsides within a short period of time. If a Band-Aid has been placed over the site, it may be removed within 2-3 hours following the procedure. Shower is allowed.

If you feel severe pain at injection site following the PRP or Autologous blood injection, please inform the radiology staff of the situation prior to leaving the department, so you



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can be evaluated and accommodations can be made so you are able to leave the hospital safely.

WHAT CAN I DO? WHAT SHOULD I NOT DO?

While the long-acting anesthetic agent is working, the area injected will be numb. You must be particularly careful not to traumatize the area during this time.

THE FOLLOWING POSTPROCEDURE INSTRUCTIONS IS ADVISED:

1. Minimize activity for 24 hours after the procedure.
2. Your diet can be the same as usual.
3. Do not take any non-steroidal anti-inflammatory medications (NSAIDs) for 2 weeks following the procedure. An alternative pain medication will be prescribed.
4. Ice compress may be applied to the area as needed; 15 minutes every hour if there is pain.

NOTE: IF YOUR REFERRING PHYSICIAN ADVISES YOU DIFFERENTLY, PLEASE FOLLOW HIS/HER INSTRUCTIONS.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Infection

Infection is a rare, but serious complication of any injection. It can take several days to develop, resulting in pain, swelling and redness at the site as well as fever and chills. If you experience these symptoms immediately contact us or your referring physician.

Bleeding

Rarely, patients may experience continued bleeding at the site. The application of direct pressure will result in cessation of most bleeding. Uncontrollable deep or superficial bleeding should be reported.

Tendon or Ligament Rupture

This is less likely to occur with a targeted injection under image guidance

Ultrasound can document the pathology prior to the injection and accurately identify the site for the injection.



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ULTRA-SOUND GUIDED:

- PLATELET RICH PLASMA (PRP) INJECTION
- AUTOLOGOUS BLOOD INJECTION

Location of the Autologous Blood or PRP as well as promoting the distribution of the injected material during real time observation (**US**), is accurate if performed by an experienced radiologist to minimize **possible negative outcomes such as:**

- Injecting the PRP at the site of neurovascular structures, such as the sciatic nerve at the hamstring tendon origin.
- Tendon Rupture.

If you have any questions regarding this procedure, please call:

Radiology Nurse

**Monday – Friday, 8:00am to 5:00pm
212.774.7111**

**Radiology Fellow “On
Call”**

**Monday- Friday – 5:00pm to 8:00am
Weekends & Holidays – 24 hours
212.606.1188 and ask for the Radiology Fellow “On Call”**

August/2009 TL