



EFFECTIVE DATE: 08|02|2007
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OVERVIEW

Prolotherapy describes a procedure intended for healing and strengthening ligaments and tendons by injecting an agent that induces inflammation and stimulates endogenous repair mechanisms. Prolotherapy may also be referred to as proliferant injection, prolo, joint sclerotherapy, regenerative injection therapy, growth factor stimulation injection, or nonsurgical tendon, ligament, and joint reconstruction.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

BlueCHiP for Medicare

Prolotherapy as a treatment of musculoskeletal pain such as chronic neck or back pain, tendinopathies of the upper or lower limbs, osterarthritic pain or other musculoskeletal pain is considered not covered necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

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COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

The goal of prolotherapy is to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or by increasing the effectiveness of existing circulating growth factors. The mechanism of action is not well-understood but may involve local irritation and/or cell lysis. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose; glycerin; and phenol, or dextrose alone, often combined with a local anesthetic. Polidocanol and sodium morrhuate, vascular sclerosants, have also been used to sclerose areas of high intratendinous blood flow associated with tendinopathies. Prolotherapy typically involves multiple injections per session conducted over a series of treatment sessions.

A similar approach involves the injection of autologous platelet-rich plasma (PRP), which contains a high concentration of platelet-derived growth factors.

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scientific evidence does not permit conclusions concerning the effect of prolotherapy on health outcomes for chronic neck or back pain, tendinopathies of the upper or lower limbs, osteoarthritic pain, or other musculoskeletal pain conditions. Therefore, prolotherapy is considered not medically necessary.

CODING

The following code is not covered for BlueCHIP for Medicare and not medically necessary for commercial products.

M0076: Prolotherapy

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, February 2019

Provider Update, September 2017

Provider Update, January 2017

Provider Update, Apr 2015

Provider Update, December 2012

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