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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 as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

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 medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

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.

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. The literature on prolotherapy

consists of small randomized trials on a variety of pain syndromes, with inconsistent results. The body of 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, January 2021

Provider Update, October 2019

Provider Update, February 2019

Provider Update, September 2017

Provider Update, January 2017

REFERENCES:

1. Yelland MJ, Mar C, Pirozzo S, et al. Prolotherapy injections for chronic low-back pain. *Cochrane Database Syst Rev.* 2004(2):CD004059. PMID 15106234
2. Dagenais S, Haldeman S, Wooley JR. Intraligamentous injection of sclerosing solutions (prolotherapy) for spinal pain: a critical review of the literature. *Spine J.* May-Jun 2005;5(3):310-328. PMID 15863087
3. Rabago D, Best TM, Beamsley M, et al. A systematic review of prolotherapy for chronic musculoskeletal pain. *Clin J Sport Med.* Sep 2005;15(5):376-380. PMID 16162983
4. Dagenais S, Yelland MJ, Del Mar C, et al. Prolotherapy injections for chronic low-back pain. *Cochrane Database Syst Rev.* 2007(2):CD004059. PMID 17443537
5. Dagenais S, Mayer J, Haldeman S, et al. Evidence-informed management of chronic low back pain with prolotherapy. *Spine J.* Jan-Feb 2008;8(1):203-212. PMID 18164468
6. Chou R, Atlas SJ, Stanos SP, et al. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine (Phila Pa 1976).* May 1 2009;34(10):1078-1093. PMID 19363456
7. Ongley MJ, Klein RG, Dorman TA, et al. A new approach to the treatment of chronic low back pain. *Lancet.* Jul 18 1987;2(8551):143-146. PMID 2439856
8. Klein RG, Eek BC, DeLong WB, et al. A randomized double-blind trial of dextrose-glycerine-phenol injections for chronic, low back pain. *J Spinal Disord.* Feb 1993;6(1):23-33. PMID 8439713
9. Yelland MJ, Glasziou PP, Bogduk N, et al. Prolotherapy injections, saline injections, and exercises for chronic low-back pain: a randomized trial. *Spine (Phila Pa 1976).* Jan 1 2004;29(1):9-16; discussion 16. PMID 1469269

10. Dagenais S, Ogunseitan O, Haldeman S, et al. Side effects and adverse events related to intraligamentous injection of sclerosing solutions (prolotherapy) for back and neck pain: A survey of practitioners. Arch Phys Med Rehabil. Jul 2006;87(7):909-913. PMID 16813776
11. Rabago D, Patterson JJ, Mundt M, et al. Dextrose prolotherapy for knee osteoarthritis: a randomized controlled trial. Ann Fam Med. May-Jun 2013;11(3):229-237. PMID 23690322
12. Reeves KD, Hassanein K. Randomized, prospective, placebo-controlled double-blind study of dextrose prolotherapy for osteoarthritic thumb and finger (DIP, PIP, and trapeziometacarpal) joints: evidence of clinical efficacy. J Altern Complement Med. Aug 2000;6(4):311-320. PMID 10976977
13. Rabago D, Best TM, Zgierska AE, et al. A systematic review of four injection therapies for lateral epicondylitis: prolotherapy, polidocanol, whole blood and platelet-rich plasma. Br J Sports Med. Jul 2009;43(7):471-481. PMID 19028733
14. Scarpone M, Rabago DP, Zgierska A, et al. The efficacy of prolotherapy for lateral epicondylitis: a pilot study. Clin J Sport Med. May 2008;18(3):248-254. PMID 18469566
15. Carayannopoulos A, Borg-Stein J, Sokolof J, et al. Prolotherapy versus corticosteroid injections for the treatment of lateral epicondylitis: a randomized controlled trial. PM R. Aug 2011;3(8):706-715. PMID 21871414
16. Reeves KD, Hassanein K. Randomized, prospective, placebo-controlled double-blind study of dextrose prolotherapy for osteoarthritic thumb and finger (DIP, PIP, and trapeziometacarpal) joints: evidence of clinical efficacy. J Altern Complement Med. Aug 2000;6(4):311-320. PMID 10976977
17. Rabago D, Best TM, Zgierska AE, et al. A systematic review of four injection therapies for lateral epicondylitis: prolotherapy, polidocanol, whole blood and platelet-rich plasma. Br J Sports Med. Jul 2009;43(7):471-481. PMID 19028733
18. Scarpone M, Rabago DP, Zgierska A, et al. The efficacy of prolotherapy for lateral epicondylitis: a pilot study. Clin J Sport Med. May 2008;18(3):248-254. PMID 18469566
19. Carayannopoulos A, Borg-Stein J, Sokolof J, et al. Prolotherapy versus corticosteroid injections for the treatment of lateral epicondylitis: a randomized controlled trial. PM R. Aug 2011;3(8):706-715. PMID 21871414

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