# Medical Coverage Policy | Prolotherapy



**EFFECTIVE DATE:** 8/2/2007

**POLICY LAST UPDATED:** 1/26/2015

#### **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.

# PRIOR AUTHORIZATION

Not Applicable.

### **POLICY STATEMENT**

BlueCHiP for Medicare

The effectiveness of Prolotherapy has not been verified by scientifically controlled studies. Prolotherapy as a treatment for musculoskeletal pain is considered not reasonable and necessary.

#### Commercial

Prolotherapy as a treatment of musculoskeletal pain such as chronic neck or back pain, tendionopathies of the upper or lower limbs, osterarthritic pain or other musculoskeletal pain is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

## **MEDICAL CRITERIA**

Not applicable.

## **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.

#### **COVERAGE**

Benefits may vary by group/contract. Please refer to the appropriate member certificate/subscriber agreement for services not medically necessary benefits/coverage.

## **CODING**

# Blue CHip for Medicare and Commercial

BlueCHiP for Medicare and Commercial The following code is not medically necessary M0076: Prolotherapy

# **RELATED POLICIES**

Not applicable

## **PUBLISHED**

Provider Update, Apr 2015 Provider Update, December 2012 Provider Update, January 2012 Provider Update, October 2010 Provider Update, August 2009 Provider Update, September 2008 Policy Update, October 2007

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