EFFECTIVE DATE: 08|02|2007
POLICY LAST UPDATED: 01|24|2022

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
Medicare Advantage Plans
Prolotherapy is not covered as a treatment of musculoskeletal pain as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Commercial Products
Prolotherapy is not covered as a treatment of musculoskeletal pain as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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.

For individuals who have musculoskeletal pain (eg, chronic neck, back pain), osteoarthritic pain, or tendinopathies of the upper or lower limbs who receive prolotherapy, the evidence includes small randomized trials with inconsistent results. Relevant outcomes are symptoms, functional outcomes, and quality of life. The strongest evidence evaluates the use of prolotherapy for the treatment of osteoarthritis, but the clinical significance of the therapeutic results is uncertain. The evidence is insufficient to determine that the

technology results in an improvement in the net health outcome. Therefore, prolotherapy is considered not medically necessary.

CODING

The following code is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

M0076 Prolotherapy

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2022
Provider Update, December 2021
Provider Update, January 2021
Provider Update, October 2019
Provider Update, February 2019

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