

Medical Coverage Policies

[Printer-Friendly Page](#)

Prolotherapy

EFFECTIVE DATE	08/02/2007	LAST UPDATED	08/17/2010
----------------	------------	--------------	------------

Description:

Prolotherapy is a procedure used to treat chronic connective tissue injuries that have not responded to rest or conventional therapy. Used primarily by chiropractors and osteopathic physicians, this procedure is believed to strengthen and stabilize injured ligaments and tendons.

A sugar solution or other irritating substance is injected into trigger points along the periosteum to trigger an inflammatory response that promotes the growth of dense, fibrous tissue. It is thought that the growth of tissue will strengthen and stabilize the lax tendons and ligaments which have contributed to the pain. The number of treatments may vary, but the average number of treatments are 4-6, depending on the response of the individual.

Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. As with any therapy for pain, a placebo effect is anticipated, and thus randomized placebo-controlled trials are necessary to investigate the extent of the placebo effect and to determine whether any improvement with prolotherapy exceeds that associated with a placebo. Although there is extensive literature regarding prolotherapy, a literature search revealed only 4 randomized placebo-controlled trials when the policy was created.

Two early trials focused on the use of injections of dextrose, glycerin, and phenol as a treatment of low back pain. In 2000, Reeves and Hassanein reported on 2 trials that used dextrose alone as a proliferant, thus eliminating the inflammatory response. As the data is presented, it is clear that there was significant improvement in both the placebo and treatment groups, but it is difficult to determine the comparative magnitude of improvement between the 2 groups. Other reviews also note that there is limited high quality data to support prolotherapy and that the great variation in injection and treatment protocols limit interpretation of the data. Therefore Prolotherapy is considered **not medically necessary** as there is insufficient peer reviewed medical literature to support the efficacy of this treatment.

Medical Criteria:

Not applicable.

Policy:

Prolotherapy is considered **not medically necessary** as there is insufficient medical literature to support the efficacy of this treatment.

Coverage:

Benefits may vary between group/contract. Please refer to the Evidence of Coverage, Subscriber Agreement, Benefit Booklet, or Rite Care Contract for applicable **not medically necessary** coverage/benefits.

Coding:

Participating providers **MUST** report prolotherapy with **M0076**. Use of trigger point or tendon injection codes will be considered improper coding by Blue Cross Blue Shield of Rhode Island as we recognize the more specific HCPCS II code.

M0076

Also known as:

Not applicable

Related topics:

Not applicable

Published:

*Policy Update, October 2007
Provider Update, September 2008
Provider Update, August 2009
Provider Update, October 2010*

References:

Feldman D. "Prolotherapy for the treatment of chronic low back pain." California Technology Assessment Forum;June 9, 2004.

Klein RG, Patterson J, Eek B, and Zeiger D. *American Association of Orthopaedic Medicine Position Statement Prolotherapy for the Treatment of Back Pain*. Accessed 6/30/07.
<http://www.aaomed.org/page.asp?id=12&name=Library>.

Reeves KD, and Hassanein KM. *Long Term Effects of Dextrose Prolotherapy for anterior cruciate ligament laxity*. Alternative Therapies;May/June:2003:9:3:58-62.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)