



MEDICAL COVERAGE POLICY

SERVICE: Prolotherapy

Policy Number: 075

Effective Date: 03/01/2022

Last Review: 01/27/2022

Next Review Date: 01/27/2023

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Prolotherapy

PRIOR AUTHORIZATION: Not applicable.

POLICY: BSWHP considers prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents as a treatment of musculoskeletal pain investigational/experimental and unproven.

OVERVIEW:

Prolotherapy is defined as an injection or a series of injections designed to strengthen weak or lax ligaments, tendons or joints by injecting various proliferating agents (sclerosing solutions) directly into the proposed damaged or stretched ligaments or tendons or into a joint or its adjacent structures to create scar tissue in an effort to stabilize the joint or tendon. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	
CPT Not Covered:	
ICD-10 Codes:	
HCPCS Codes	M0076: prolotherapy

CMS:

Publication 100-3, Manual Section 150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (Rev. 1, 10-03-03) CIM 35-13: **Not Covered**

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"The medical effectiveness of the above therapies has not been verified by scientifically controlled studies. Accordingly, reimbursement for these modalities should be denied on the ground that they are not reasonable and necessary as required by §1862(a)(1) of the Act."

LCD L35010 Trigger Point Injections [includes prolotherapy] effective 11/21/19.

POLICY HISTORY:

Status	Date	Action
New	12/06/2010	New policy
Reviewed	06/06/2011	Reviewed.
Reviewed	12/06/2011	Reviewed.
Reviewed	03/01/2012	Reviewed.
Reviewed	02/14/2013	Reviewed
Reviewed	02/14/2014	Updated CMS information
Reviewed	02/12/2015	Reviewed
Reviewed	02/04/2016	Reviewed
Reviewed	01/31/2017	No change
Reviewed	01/16/2018	No change
Reviewed	01/08/2019	No change
Reviewed	01/23/2020	Added LCD reference
Reviewed	01/28/2021	No change
Reviewed	01/27/2022	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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5. Dagenais S, Haldeman S, Wooley JR. Intraligamentous injection of sclerosing solutions (prolotherapy) for spinal pain: A critical review of the literature. Spine J. 2005;5(3):310-328.
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17. Manchikanti L, Manchikanti KN, Manchukonda R, et al. Evaluation of lumbar facet joint nerve blocks in the management of chronic low back pain: Preliminary report of a randomized, double-blind controlled trial: clinical trial NCT00355914. Pain Physician. 2007;10(3):425-440.
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Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.