



MASSACHUSETTS

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Medical Policy Prolotherapy

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 183

BCBSA Reference Number: 2.01.26

NCD/LCD: National Coverage Determination (NCD) for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7)

Related Policies

Recombinant and Autologous Platelet-Derived Growth Factors as a Primary Treatment of Wound Healing and Other Conditions, #186

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Prolotherapy is considered **INVESTIGATIONAL** as a treatment of musculoskeletal pain.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

We do not cover prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents in accordance with CMS guidelines.

National Coverage Determination (NCD) for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7)

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=15&ncdver=1&bc=AgAAgAAAAAA&>

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

Outpatient

Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.

Medicare PPO Blue SM	This is not a covered service.
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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

HCPCS Codes

HCPCS codes:	Code Description
M0076	Prolotherapy

Description

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. Treatment of musculoskeletal pain conditions (eg, tendinopathies) with PRP is discussed in medical policy #186.

Summary

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

Policy History

Date	Action
1/2018	New references added from BCBSA National medical policy.
11/2015	New references added from BCBSA National medical policy. Added coding language.
12/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates.

	No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
5/1/2010	Medical Policy 183 effective 5/1/2010 describing ongoing non-coverage
4/2010	BCBS Association National Policy Review No changes to policy statements.
9/2008	BCBS Association National Policy Review No changes to policy statements.
8/2007	BCBS Association National Policy Review No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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