1. Purpose

The purpose of this policy is to establish a position regarding the medical necessity of prolotherapy injections.

2. Definition

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.

3. Statement of Policy

Based on the lack of conclusive scientific evidence demonstrating the clinical efficacy of prolotherapy combined with the potential to expose patients to serious adverse side effects or complications, Triad Healthcare, Inc. considers the use of prolotherapy in the treatment of musculoskeletal pain and/or instability (or laxity, weakness, etc) to be not medically necessary.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding prolotherapy and may modify this policy 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 Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• BlueCross BlueShield. Medicine Section - Prolotherapy. Policy No: 40. Effective Date: 07/11/06.


• Workloss Data Institute. Official Disability Guidelines.


4.2. Related Triad Medical Policies:

• *TMMP 18 – Medical Necessity*

**CPT Codes**

This policy relates to the use of the following CPT Codes:
CPT Codes | Description (AMA CPT Guide)
--- | ---
M0076 | Prolotherapy
20550 | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar “fascia”)

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

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<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §1 removed ‘criteria for’; added ‘a position regarding’.</td>
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<tr>
<td>07/21/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed §§5, Attachments and §§5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
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<td>11/12/2008</td>
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<td>New policy.</td>
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Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.