

MEDICAL POLICY	Prolotherapy	
<b>Effective Date: 7/1/2020</b>   <div style="text-align: right;">7/1/2020</div>	Section: MED	Policy No.: 311
Medical Officer                      Date	Medical Policy Committee Approved Date: 3/17; 3/18; 11/18; 12/19; 6/2020	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

## SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## APPLIES TO:

All lines of business

## BENEFIT APPLICATION

### Medicaid Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

## POLICY CRITERIA

Note: This policy does not address stem cell therapy for orthopedic applications. Please see [Cross References](#) section below.

- I. Prolotherapy is considered **investigational and is not covered** for the treatment of any indication, including, but not limited to the following (A.-D.):
  - A. Osteoarthritis, including but limited to the following (1.-3.):
    1. Osteoarthritis of the first carpometacarpal joint
    2. Osteoarthritis of the knee
    3. Osteoarthritis of the thumb and finger
  - B. Myofascial Pain Syndrome
  - C. Spinal and Pelvic Pain, including but limited to the following (1.-7.):
    1. Discogenic leg pain
    2. Coccygodynia

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<ul style="list-style-type: none"> <li>3. Sacroiliac joint pain</li> <li>4. Iliac crest pain syndrome</li> <li>5. Cervical, thoracic or lumbar pain</li> <li>6. Neck pain</li> <li>7. Low back and pelvic pain</li> <li>D. Tendinopathies, including but limited to the following (1.-8.): <ul style="list-style-type: none"> <li>1. Achilles tendinopathy or tendinosis</li> <li>2. Groin pain (e.g., osteitis pubis, abdominal or adductor tendinopathy)</li> <li>3. Lateral epicondylitis</li> <li>4. Osgood–Schlatter disease</li> <li>5. Patellar tendinopathy</li> <li>6. Plantar fasciitis</li> <li>7. Shoulder pain (e.g., rotator cuff disease or tendinopathy, supraspinatus tendinosis/tear)</li> <li>8. Temporomandibular joint hypermobility (TMJ)</li> </ul> </li> </ul> <p>Link to <a href="#">Policy Summary</a></p>
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**BILLING GUIDELINES**

- Prolotherapy may only be billed using M0076 or an unlisted code, including but not limited to 20999 or 22899.
- Note: The following codes may not be used to report prolotherapy services, as they are considered inappropriate:
  - 20550-20553
  - 20600-20611
  - 62281
  - 62292
  - 62310-62311
  - 0231T-0218T

**CPT/HCPCS CODES**

All Lines of Business	
Not Covered	
M0076	Prolotherapy
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be <b>denied as not covered</b> .	
20999	Unlisted procedure, musculoskeletal system, general
22899	Unlisted procedure, spine

## DESCRIPTION

According to the American Academy of Orthopaedic Medicine (AAOM):<sup>1</sup>

Prolotherapy (also known as regenerative injection therapy, sclerotherapy, proliferative therapy, ligament reconstruction therapy, and fibro-osseous injection therapy) is the injection of a substance directly on the site of an injury, typically a torn or stretched ligament or tendon. Prolotherapy injections contain anesthetic agents and/or additional substances that are thought act as mild irritants that may stimulate the healing response. The primary agent is dextrose, but providers may tailor the selection of substances according to the patients' needs. Other substances used are:

1. **Growth Factors:** Injection of a growth factor that specifically initiates growth of a certain cell line (e.g., erythropoietin). This type of prolotherapy is in early stages of study for arthritis (growing cartilage cells) and sprain and strain (growing fibroblasts).
2. **Non-Inflammatory Agents:** Injection of a non-inflammatory substance that may cause the body to produce growth factors (e.g., 5-10% dextrose solution).
3. **Inflammatory Agents:** Injection of a substance that causes activation of the inflammatory cascade to produce growth factors. These solutions often include 12.5%-25% dextrose, phenol-containing-solutions, and sodium-morrhuate-containing sclerosing agents.

**Proposed Mechanism of Action:** Prolotherapy is thought to create a mild, controlled injury that stimulates the body's natural healing processes to strengthen joints weakened by traumatic or over-use injury. The mild inflammatory response that is created by the injection may encourage growth of new ligament or tendon fibers on the weakened structure.

## REVIEW OF EVIDENCE

Due to the volume of literature on prolotherapy as a treatment for a wide variety of conditions, the evidence review below is focused on recent systematic reviews. A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of prolotherapy as a treatment for all indications, including but not limited to musculoskeletal pain. Below is a summary of the available evidence identified through April 2020.

The use of prolotherapy has been evaluated and reported by systematic reviews for the following orthopedic/musculoskeletal indications:

- Osteoarthritis:
  - Osteoarthritis of the first carpometacarpal joint<sup>2,3</sup>
  - Osteoarthritis of the knee<sup>2-5</sup>
  - Osteoarthritis of the thumb and finger<sup>2,3,6</sup>
- Myofascial Pain Syndrome<sup>6</sup>
- Spinal and Pelvic Pain:<sup>6</sup>
  - Discogenic leg pain
  - Coccygodynia

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- Sacroiliac joint pain
- Iliac crest pain syndrome
- Cervical, thoracic or lumbar pain
- Neck pain
- Low back and pelvic pain
- Tendinopathies:
  - Achilles tendinopathy or tendinosis<sup>6-10</sup>
  - Groin pain (e.g., osteitis pubis, abdominal or adductor tendinopathy)<sup>6</sup>
  - Lateral epicondylitis<sup>6,11-13</sup>
  - Osgood–Schlatter disease<sup>6,9</sup>
  - Patellar tendinopathy<sup>6,14</sup>
  - Plantar fasciitis<sup>6,9</sup>
  - Shoulder pain (e.g., rotator cuff disease or tendinopathy, supraspinatus tendinosis/tear)<sup>6,15-17</sup>
  - Temporomandibular joint hypermobility (TMJ)<sup>6,18</sup>

Systematic reviews were heterogeneous in the methods used to examine primary studies evaluating prolotherapy. Many reviews included or focused entirely on nonrandomized studies, and many included more than one indication. However, in general, the reviews reported heterogeneity in prolotherapy protocols and severity of the condition being evaluated among included studies. Reviews published on the same indication often had partial or complete overlap of the studies that were included. All reviews mentioned the need for larger, better-quality studies with longer-term follow-up. The majority of recent reviews were unable to draw definitive conclusions regarding the efficacy of prolotherapy as a treatment for any indication.

Overall, the body of evidence for any given indication suffers from one or more of the following limitations:

- extremely limited number of randomized controlled trials (RCTs) reporting outcomes for any given indication
- for indications where RCTs have been published, these trials are of low-quality of due to methodological limitations including:
  - small sample size (almost all under 100 patients)
  - primary outcomes reported consisted entirely of subjective, patient-reported outcomes
  - use of co-interventions in the prolotherapy groups
  - heterogeneity of :
    - comparator treatment
    - primary outcomes reported
    - use of different scales for self-reporting of subjective pain, stiffness and function
    - treatment protocol, including variability in agent(s) used, concentrations used and number of injections administered
  - in trials using a non-prolotherapy injection comparator, confounding effects of needle-to-bone contact and pressure exerted by the injected volume of solution were noted
- inconsistent data reporting
- risk of publication and/or selection bias
- conflicting or no evidence of short-term improvements in pain and/or function (first few months following treatment) when compared to placebo, exercise or non-prolotherapy injection treatments

- conflicting or no evidence of long-term benefit on function or pain outcomes

## CLINICAL PRACTICE GUIDELINES

### American Academy of Orthopaedic Surgeons (AAOS)

The AAOS published evidence-based clinical practice guidelines on the management of osteoarthritis of the hip (2017) and the knee (2013).<sup>19,20</sup> The association conducted evidence reviews of prolotherapy versus other comparators for these indications, but did not identify enough high-quality evidence to formally address the treatment in their recommendations.

## CENTERS FOR MEDICARE & MEDICAID

As of 4/30/2020, the following Centers for Medicare & Medicaid (CMS) non-coverage guidance documents for prolotherapy were identified.

1. The National Coverage Determination (NCD) for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7) states that:<sup>21</sup>

“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.”

2. The Local Coverage Determination (LCD): Trigger Point Injections (L36859) states that:<sup>22</sup>

“Prolotherapy, the injection into a damaged tissue of an irritant to induce inflammation, is not covered by Medicare. Billing this under the trigger point injection codes (20552 or 20553) is misrepresentation.”

## POLICY SUMMARY

There is insufficient evidence that the use of prolotherapy is effective and consistently improves health outcomes for any indication, including but not limited to osteoarthritis, myofascial pain syndrome, spinal and pelvic pain, or tendinopathies. Due to heterogeneity in prolotherapy treatment protocol, including variability in agent(s) used, concentrations used and number of injections administered; interpreting results and drawing conclusions about treatment efficacy is difficult. This limitation is consistently reported for the use of prolotherapy for all indications. Other major limitations of prolotherapy observed across all indications include a lack of large, well-designed randomized controlled trials, and inconsistency in terms of whether or not prolotherapy has a beneficial effect. In addition, no clinical practice guidelines were identified that support the use of prolotherapy as a treatment for any indication.

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

## MEDICAL POLICY CROSS REFERENCES

- Stem Cell Therapy for Orthopedic Applications, MED346

## REFERENCES

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