Clinical Policy: Prolotherapy

Reference Number: HNCA.CP.MP.65
Effective Date: 6/25
Last Review Date: 6/25

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Prolotherapy is an alternative treatment for joint and muscle pain that involves injecting a sugar or saline solution into the affected area to stimulate the body's natural healing process. The irritant in the injection is believed to trigger an inflammatory response, encouraging tissue repair.

Policy/Criteria

I. It is the policy of Health Net of California that there is insufficient evidence to support the efficacy of prolotherapy for musculoskeletal pain or any other indication.

Background

Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerine and phenol, or dextrose alone. "Proliferatives" act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Prolotherapy may involve a single injection or a series of injections, often diluted with a local anesthetic.

Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, MFS, tendonitis, 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 four randomized placebo-controlled trials which upon close scrutiny appear to be poorly designed as regards blinding or have been unable to demonstrate improvement in pain and self-reported function. Further research is needed to identify which components of the regimens are most effective and whether there are subgroups of patients who are more likely to respond to these safe treatments.

For individuals suffering from musculoskeletal pain—such as chronic neck and back pain—osteoarthritis, or tendinopathies in the upper or lower limbs, prolotherapy has been studied in small, randomized trials with mixed results. Key outcomes include symptom relief, improved function, and enhanced quality of life. While the strongest research focuses on prolotherapy's potential in treating osteoarthritis, its clinical significance remains unclear. Overall, current evidence is insufficient to confirm that this technique leads to a meaningful improvement in health outcomes.

Coding Implications

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HCPCS Codes	Description
M0076	Prolotherapy

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed; specialist reviewed	5/25	5/25

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria

set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.