



## Prolotherapy

Last Revision/Review Date: September 16, 2020

P&P # C.6.13

### Policy

The Medical Management Department reviews referral requests for authorization of Prolotherapy for treatment of lateral epicondylitis, symptomatic knee osteoarthritis and SI Joint pain.

Based on evaluation of current medical literature regarding the safety, efficacy, and long-term benefits of Prolotherapy, authorization will be limited to 6 treatments per affected area per condition for treatment of lateral epicondylitis, symptomatic knee osteoarthritis and SI Joint pain when medical necessity criteria outlined in this policy are met.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### Documentation required:

1. Diagnosis to include severity of symptoms and length of treatment for this diagnosis;
2. History of pharmaceutical, physical medicine and conservative treatment trials;
3. Diagnostic tests performed (e.g. x-rays);
4. Outline of an expected number of treatments which will be necessary as part of the treatment plan.

#### B. Criteria for Medical Necessity for Specific Musculoskeletal Disorders:

1. Up to a total of six treatments of prolotherapy is considered medically necessary for treatment of lateral epicondylitis if **ALL** (a through d) of the following criteria are met:
  - a. The prescribing physician is experienced in the diagnosis and treatment of musculoskeletal and ligamentous disease and has completed training by the American Association of Orthopaedic Medicine (AAOM) or Hackett-Hemwall Foundation as a Prolotherapy physician-provider; **AND**
  - b. Symptoms lasting six (6) months or greater; **AND**
  - c. Pain interferes with the individual's ability to complete activities of daily living or effectively complete work-related activities; **AND**
  - d. Continued limiting pain despite trial of a minimum of two (2) conservative treatment measures such as the following (*not all-inclusive*):
    - i. Rest/Icing;
    - ii. Physical therapy;
    - ii. Anti-inflammatory medications;
    - iii. Splinting;

- iv. Pulsed ultrasound (iontophoresis).
2. Up to a total of six treatments of prolotherapy is considered medically necessary for treatment of symptomatic knee osteoarthritis if **ALL** (a through d) of the following criteria are met:
- a. The prescribing physician is experienced in the diagnosis and treatment of musculoskeletal and ligamentous disease and has completed training by the American Association of Orthopaedic Medicine (AAOM) or Hackett-Hemwall Foundation as a Prolotherapy physician-provider; **AND**
  - b. Symptoms lasting six (6) months or greater; **AND**
  - c. Pain interferes with the individual's ability to complete activities of daily living or effectively complete work-related activities; **AND**
  - d. Continued limiting pain despite trial of a minimum of two (2) conservative treatment measures such as the following (*not all-inclusive*):
    - i. Physical therapy, including aerobic, aquatic and/or resistance exercises;
    - ii. Weight loss;
    - iii. Splinting;
    - iv. Walking aids
    - v. Pharmacologic agents including acetaminophen, oral or topical NSAIDs and hyaluronate injections.
3. Up to a total of six treatments of prolotherapy is considered medically necessary for SI Joint pain if the patient participated and failed in at least a six-week trial of joint stabilization exercises with conservative treatment.

**C. Indications Considered Experimental and Investigational :**

*(not an all-inclusive list)*

- 1. Acute or Chronic neck pain;
- 2. Acute or Chronic low back pain;
- 3. Neuropathic or myofascial pain;
- 4. Hand and wrist disorders.
- 5. More than 6 prolotherapy treatments per condition for treatment of lateral epicondylitis, symptomatic knee osteoarthritis and SI Joint pain.

**CPT/HCPCS Codes:**

M0076	Prolotherapy [joint sclerotherapy and reconstructive ligament therapy]
20550	Injection(s); single tendon sheath, or ligament, aponeurosis
20600 - 20611	Arthrocentesis, aspiration and/or injection

**References:**

CMS Pub 100-03, National Coverage Determination Prolotherapy, Chapter 1, Part 2, Section 150.7 Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents.

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Hauser R, Lackner J, Steilen-Matias D, Harris D, A systemic Review of Dextrose Prolotherapy for Chronic Musculoskeletal Pain, Clinical Medicine Insights: Arthritis and Musculoskeletal Disorders 2016:9

Louw WF, Reeves D, Lam SKH, Cheng AL, Rabago D. Treatment of Temporomandibular Dysfunction With Hypertonic Dextrose Injection (Prolotherapy): A Randomized Controlled Trial With Long-term Partial Crossover. *Mayo Clin Proc.* 2019;94(5):820-832.

Maniquis-Smigel L, et al. Analgesic effect and potential cumulative benefit from caudal epidural D5W in consecutive participants with chronic low-back and buttock/leg pain. *Journal of Alternative and Complementary Medicine.* Epub 8 Jun 2018.

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Rabago D, Patterson JJ, Mundt M, Zgierska A, Grettie J, Fortney L, Kijowski R; *Dextrose and morrhuate sodium injections (prolotherapy) for knee osteoarthritis: A prospective open label trial*; *J Altern Complement Med.* 20(5):383-91; 2014.

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Scarpone M, Rabago DP, Zgierska A, Arbogast G, Snell E. The Efficacy of Prolotherapy for Lateral Epicondylitis: A Pilot Study. *Clinical Journal of Sports Medicine.* 2008;18(3):248-254