



Prolotherapy

Last Revision/Review Date: September 19, 2018

P&P # C.16.30

A. 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** 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** 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.

- 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, Investigational or not Medical Necessary:

(not an all-inclusive list)

- Chronic neck pain;
- Chronic low back pain;
- Neuropathic or myofascial pain;
- Hand and wrist disorders.
- 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 sclerothrapy 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 Sclerothrapy and Ligamentous Injections with Sclerosing Agents,

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Scarpone, Michael DO: Rabago, David P MD: Zgierska, Aleksandra MD: Arbogast, Gennie ATC: Snell, Edward, MD. The Efficacy of Prolotherapy for Lateral Epicondylosis: A Pilot Study. Clinical Journal of Sports Medicine. May 2008.

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