Cigna Medical Coverage Policies – Musculoskeletal Prolotherapy

Effective August 1, 2024

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CMM-204: Prolotherapy

Definition

Prolotherapy: 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.

General Guidelines

Evidence in the published peer-reviewed scientific literature evaluating the clinical efficacy of prolotherapy is inconclusive.

Indications and Non-Indications

Prolotherapy performed for the treatment of musculoskeletal pain and/or instability (e.g., laxity, weakness) is considered **experimental, investigational, or unproven (EIU)**.

Procedure (CPT®) Codes (CMM-204)

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Codes Considered Experimental, Investigational , or Unproven (EIU)
M0076	Prolotherapy

This list may not be all-inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

References (CMM-204)

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