

# Cigna Medical Coverage Policies – Musculoskeletal Prolotherapy

Effective August 15, 2020



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## 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.

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## CMM-204: Prolotherapy

### Definition

**Prolotherapy** is defined as 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. In addition, prolotherapy may result in serious side effects or complications.

### 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**.

### Procedure (CPT®) Codes

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
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

1. Alderman, D Prolotherapy for Low Back Pain *Practical Pain Management* 2007;7(4):58-63.
2. American College of Occupational and Environmental Medicine. *Occupational Medicine Practice Guideline*, 2nd Ed. 2008.
3. BlueCross BlueShield. Medicine Section - Prolotherapy. Policy No: 40. Effective Date: 07/11/06.
4. Dagenais S, Haldeman S, Wooley J. Intraligamentous injection of sclerosing solutions (prolotherapy) for spinal pain: a critical review of the literature. *Spine J.* 2005;5(3):310-28.
5. Dagenais S, Ogunseitan O, Haldeman S, et al. Side effects and adverse events related to intraligamentous injection of sclerosing solutions (prolotherapy) for back and neck pain: A survey of practitioners. *Arch Phys Med Rehabil.* 2006;87(7):909-913.
6. Dagenais S, Yelland M, Del Mar C, Schoene M. Prolotherapy injections for chronic low-back pain. *Cochrane Database of Systematic Reviews*, 2007, Issue 2.
7. Dechow E, Davies R, Carr A, Thompson P. A randomized, double-blind, placebo-controlled trial of sclerosing injections in patients with chronic low back pain. *Rheumatology (Oxford).* 1999;38(12):1255-1259.
8. Fullerton B. High-resolution ultrasound and magnetic resonance imaging to document tissue repair after prolotherapy: a report of 3 cases. *Archives of Physical Medicine & Rehabilitation.* 2008; 89(2):377-385.
9. Hooper R, Ding M. Retrospective case series on patients with chronic spinal pain treated with dextrose prolotherapy. *J Altern Complement Med.* 2004;10(4):670-674.
10. Kim S, Stitik T, Foye P, et al, Critical Review of Prolotherapy for Osteoarthritis, Low Back Pain, and other Musculoskeletal Conditions: A Physiologic Perspective, *Am J Phys Med Rehabil.* 2004;83(5):379-89.
11. Manchikanti L, Damron K, Cash K, et al. Therapeutic cervical medial branch blocks in managing chronic neck pain: A preliminary report of a randomized, double-blind, controlled trial: Clinical trial NCT0033272. *Pain Physician.* 2006;9(4):333-346.
12. Manchikanti L, Manchikanti K, Manchukonda R, et al. Evaluation of lumbar facet joint nerve blocks in the management of chronic low back pain: Preliminary report of a randomized, double-blind controlled trial: clinical trial NCT00355914. *Pain Physician.* 2007;10(3):425-440.
13. Manchikanti L, Pampati V, Fellows B, et al. The diagnostic validity and therapeutic value of lumbar facet joint nerve blocks with or without adjuvant agents. *Curr Rev Pain.* 2000;4(5)337-344.
14. Nelemans P, de Bie R, de Vet H, Sturmans F. Injection therapy for subacute and chronic benign low back pain. *Cochrane Database of Systematic Reviews.* 2003, Issue 4.
15. Ohberg L, Alfredson H. Sclerosing therapy in chronic Achilles tendon insertional pain-results of a pilot study. *Knee Surgery, Sports Traumatology, Arthroscopy.* 2003;11(5):339-343.
16. Rabago D, Best T, Beamsley M, Patterson J. A systematic review of prolotherapy for chronic musculoskeletal pain. *Clin J Sport Med.* 2005;15(5):376-380.
17. Reeves K, Hassanein K. Randomized prospective double-blind placebo-controlled study of dextrose prolotherapy for knee osteoarthritis with or without ACL laxity. *Altern Ther Health Med.* 2000;6(2):68-80.
18. Reeves K, Hassanein K. Randomized, prospective, placebo-controlled double-blind study of dextrose prolotherapy for osteoarthritic thumb and finger (DIP, PIP, and trapeziometacarpal) joints: evidence of clinical efficacy. *J Altern Complement Med.* 2000;6(4):311-320.
19. Reisner L. Biologic poisons for pain. *Curr Pain Headache Rep.* 2004;8(6):427-434.
20. Workloss Data Institute. Official Disability Guidelines.
21. Yelland M, Del Mar C, Pirozzo S, Schoene ML. Prolotherapy injections for chronic low back pain: a systematic review. *Spine.* 2004; 29(19):2126-2133.
22. Yelland M, Glasziou P, Bogduk N, et al. Prolotherapy injections, saline injections, and exercises for chronic low-back pain: a randomized trial. *Spine.* 2004;29(1):9-16.