

# Cigna Medical Coverage Policies – Musculoskeletal Prolotherapy

Effective July 1, 2025



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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

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## **Definitions**

**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.

## **Non-Indications**

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

## **Codes (CMM-204)**

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
M0076	Prolotherapy

## References (CMM-204)

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