Medica Coverage Policy

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<th>Policy Name:</th>
<th>Prolotherapy</th>
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<td>Effective Date:</td>
<td>10/1/2016</td>
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Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Prolotherapy is investigative and therefore NOT COVERED.

Note: See also related Medica coverage policies: Autologous Blood-Derived Injections (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood), and Trigger Point Dry Needling.

Description

Prolotherapy (e.g., proliferative injection therapy, regenerative injection therapy, ligament reconstructive therapy) is theorized to promote inflammation and production of collagen fibers, which is thought to improve ligament strength and reduce pain. Prolotherapy is suggested as a treatment for chronic pain conditions including low back and knee pain, sacroiliac strain, sciatica, migraine, temporomandibular joint disorder, carpal tunnel syndrome, and fibromyalgia.

There is no standard protocol for prolotherapy. Several types of irritants may be used including chemical irritants, physical irritants, osmotic proliferants, and chemotactic irritants such as sodium morrhuate. The solution is prepared at the site of care, usually in the outpatient clinic setting, and is administered by a physician. Therapy generally requires a series of injections over several weeks. Prolotherapy may be accompanied by exercises, physical therapy, or supplementation with vitamins and minerals.

FDA Approval

No commercially available solutions have received FDA approval for use in prolotherapy.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Code:
20999 - Unlisted procedure, musculoskeletal system

HCPC Code:
M0076 – Prolotherapy

Original Effective Date: 1/1/2003

Re-Review Date(s):
4/24/2007
4/19/2010
6/17/2013
7/23/2013
6/15/2016

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