



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Prolotherapy and Platelet Enriched Plasma Injection	Guideline #	UM_ORT 10
		Original Effective Date	2/9/2011
Section	Orthopedics	Revision Date	9/19/2018

COVERAGE POLICY

IEHP considers the use of prolotherapy (also known as proliferative injection therapy, proliferant therapy, proliferation therapy, sclerotherapy, or reconstructive ligament therapy) experimental and investigational for any indications because there is inadequate evidence of its effectiveness.

Platelet rich plasma (PRP) in its various forms has also been deemed as experimental due to insufficient evidence and is not covered for any of its proposed uses.

COVERAGE LIMITATIONS AND EXCLUSIONS

As noted above, IEHP has recognized no clinical indications for prolotherapy or platelet rich plasma.

ADDITIONAL INFORMATION

None

CLINICAL/REGULATORY RESOURCE

Medicare:

Medicare's National Coverage Determination (NCD) 150.7 for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents, denies coverage for all proposed indications, citing medical effectiveness has not been verified by scientifically controlled studies. Furthermore, they state reimbursement for these modalities should be denied as they are deemed not reasonable and necessary as required by §1862(a)(1) of the Act.

The NCD 270.3 for Blood-Derived Products for Chronic Non-Healing Wounds (i.e. Platelet Rich Therapy) deems that current evidence is not adequate to support Medicare coverage of PRP for any indication. NCD 270.3 states that coverage for platelet-rich plasma for treatment of chronic non-healing diabetic, venous and/or pressure wounds would be considered for Medicare beneficiaries who were enrolled in valid clinical trials meeting stringent CMS criteria yet this allowance is only afforded to those who were enrolled in the study prior to August 2, 2014, thus indicating exclusion for those enrolled in more recent studies.

Medi-Cal Non-Benefit list:

M0076 PROLOTHERAPY		
Procedure Level : Level II HCPCS code	Procedure Type : HCPCS Code	
Effective Date : 10/01/1989	End Date : 12/31/2069	Follow Up Days : 0
Gender : Both	Min Age : 0	Max Age : 99
Medi-Cal Max Allowable Amount : \$0.00	Split Bill professional percentage : 0.0%	
This procedure is not a covered benefit. No TAR or medi-reservation required.		

MCG Health:

There are no MCG guidelines regarding prolotherapy, or its alternate names, (proliferative injection therapy, proliferant therapy, proliferation therapy, sclerotherapy, or reconstructive ligament therapy).

The MCG guideline for platelet-rich therapy states that the current role for this treatment remains uncertain, and that “based on review of existing evidence, there are currently no clinical indications for this technology.”

DEFINITION OF TERMS

Prolotherapy – Prolotherapy is a procedure in which an irritant (hyperosmolar dextrose and morrhuate sodium are common agents) is injected into ligaments and tendinous attachments for the purpose of instigating an inflammatory reaction, thought to promote healing and strengthening of tendons and ligaments (Rabago 2008).

Platelet Rich Plasma (PRP)- PRP has been described for multiple conditions and by multiple modalities. PRP typically refers to autologous whole blood that is centrifuged to concentrate platelets. Platelets contain cellular components important for wound healing, called platelet-derived growth factors (PDGF’s). Sometimes PRP is injected into injured joints, akin to prolotherapy but to promote wound healing (Rabago 2008). PRP has also been used as an adjunctive treatment for chronic non-healing wounds. This is the purpose which Medicare had previously allowed treatment coverage for beneficiaries enrolled in an appropriate randomized clinical trial. However, this allowance does not accommodate those enrolled in a clinical trial after 2014, as described previously. PRP has also been described in the management of angina, burns, cervical ectopy, as well as for many other musculoskeletal and dermal implications. However, MCG Health note; that there is insufficient evidence for all uses of PRP.

REFERENCES

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6. Rabago, D, Best, TM, Zgierska, AE, Zeisig, E, Ryan, M, & Crane, D (2008). A systematic review of four injection therapies for lateral epicondylitis: Prolotherapy, polidocanol, whole blood and platelet-rich plasma. *British Journal of Sports Medicine*, 43(7), 471-481.
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