


MEDICAL POLICY	Prolotherapy (Medicare Only)
Effective Date: 8/1/2022  <div style="text-align: right;">8/1/2022</div>	Medical Policy Number: 334
	Medical Policy Committee Approved Date: 6/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Prolotherapy</i>	<p>The primary Medicare reference for prolotherapy is the following Medicare policy:</p> <ul style="list-style-type: none"> National Coverage Determination (NCD): Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7) <p>The following additional Medicare guidelines may also be relevant, depending on the indication being treated:</p> <ul style="list-style-type: none"> Local Coverage Determination (LCD): Facet Joint Interventions for Pain Management (L38803) LCD: Trigger Point Injections (L36859) Local Coverage Article (LCA): Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections (A58790)

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BILLING GUIDELINES

General

The *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare¹, indicates HCPCS code M0076 has been assigned a Status Indicator of “N,” which is defined as “Non-covered Services.” This is a statutorily excluded service based on NCD 150.7. Reporting prolotherapy using unlisted codes will also be denied as not medically necessary based on the above NCD.

According to the Noridian LCD for *Trigger Point Injections (L36859)*, billing prolotherapy services using the trigger point injection codes (CPT 20552 and 20553) is misrepresentation and these codes should not be used. Additional codes which should not be used to bill for prolotherapy also include the following:

- 20550-20551
- 20600-20611
- 62281
- 62292
- 62310-62311
- 0231T-0218T

CPT/HCPCS CODES

Medicare Only	
Not Covered	
M0076	Prolotherapy
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
20999	Unlisted procedure, musculoskeletal system, general
22899	Unlisted procedure, spine

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Medicare Physician Fee Schedule (PFS) Relative Value Files; Available at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>