Prolotherapy (also known as Joint/Ligamentous Sclerotherapy)

Policy Number:	**M040311531**
Effective Date:	**3/11/2004**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☐ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth Independent Health's coverage policy regarding **prolotherapy**.

Policy:

Background:
Prolotherapy (also referred to as sclerotherapy) is a technique involving the repeated injection of irritants into ligaments and tendinous attachments in order to trigger an inflammatory response that theoretically will lead to subsequent strengthening of ligaments and decrease in pain and disability. Because of the irritant nature of prolotherapy injections, most patients are expected to experience temporary increases in back pain and stiffness following treatment.

There is a lack of scientific data demonstrating the effectiveness of prolotherapy for the treatment of joint and ligament instability. Additional studies with larger control and experimental groups must be conducted to evaluate the efficacy of prolotherapy for joint or ligament instability. The American Pain Society stated prolotherapy is not shown to improve patient outcomes by the best available evidence.

Commercial and Self-Funded:
There is a lack of scientific data demonstrating the effectiveness of prolotherapy for the treatment of joint and ligament instability. Based on the available data, prolotherapy is considered experimental and investigational.

Medicare Advantage:
There is currently a National Coverage Determination (NCD) for prolotherapy. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource, MediSource Connect, Child Health Plus, and Essential Plan do not cover prolotherapy per New York State Medicaid Coverage guidelines.

Clinical Indications

- **NOT COVERED** for **Any** of the following; For State products; Prolotherapy, not a covered benefit
- For Commercial and Medicare products; Prolotherapy, **considered investigational**

Pre-Authorization Required? Yes ☒ No☐

Pre-authorization is required for this service.

Definitions

Prolotherapy is a procedure in which a concentrated solution of dextrose with or without other agents such as phenol or glycerin is injected into ligaments and tendons. The goal of prolotherapy is to promote joint and ligamentous stability and thereby reduce pain associated with abnormal joint motion.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Chou R., Cohen, S. Subacute and chronic low back pain: Nonsurgical interventional treatment. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on March 25, 2026)

Chou R, Loeser JD, Owens DK, et al.; American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. Spine (Phila Pa 1976). 2009 May 1;34(10):1066-77.

Dechow E, Davies RK, Carr AJ, Thompson PW. A Randomized Double-Blind Placebo-Controlled Trial of Sclerosing Injections in Patients with Chronic Low Back Pain. Rheumatology 1999 Dec; 38 (12): 1255-1259.

Feldman, MD. Prolotherapy for the Treatment of Chronic Low Back Pain; California Technology Assessment Forum. June 2004.

Independent Health Technology Assessment and Approval Committee (TAAC) presentation, Prolotherapy February 11, 2009.

Klein RG, Eek BC, DeLong WB, Mooney V. A Randomized Double-Blind Placebo-Controlled Trial of Sclerosing Injections in Patients with Chronic Low Back Pain. J Spinal Disord 1993; 6: 23-33

Symplr, Inc., Medical Technology Directory Report Prolotherapy for Treatment of Joint and Ligamentous Conditions. Houston, TX: August 2008.

Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. National Coverage Determination (NCD) for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7). Available at: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=15&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=prolotherapy&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d& Accessed March 26, 2026.

New York State Department of Health Medicaid Update. Low Back Pain Coverage Guidelines. April 2012, Volume 28, Number 5. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2012/april12mu.pdf Accessed March 26, 2026.

New York State Department of Health Medicaid Update. Low Back Pain Coverage Guidelines. November 2012, Volume 28, Number 13. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2012/nov12mu.pdf Accessed March 26, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
6/1/2026	Health Care Services	Reviewed
8/1/2025	Health Care Services	Revised- Formatting only
6/1/2025	Health Care Services	Reviewed
6/1/2024	Health Care Services	Revised
6/1/2023	Health Care Services	Reviewed
6/1/2022	Health Care Services	Reviewed
7/1/2021	Health Care Services	Reviewed
8/1/2020	Health Care Services	Revised
9/1/2019	Medical Management	Revised
10/1/2018	Medical Management	Reviewed
12/1/2017	Medical Management	Reviewed
9/1/2016	Medical Management	Revised
10/1/2015	Medical Management	Reviewed
10/1/2014	Medical Management	Revised
9/1/2013	Medical Management	Revised
12/1/2012	Medical Management	Revised
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11/1/2011	Medical Management	Revised
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11/1/2008	Medical Management	Revised
3/18/2008	Medical Management	Reviewed
3/20/2007	Medical Management	Reviewed
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