

Document ID#: 1035019
Subject: Sclerotherapy/Prolotherapy
Effective Date: September 1, 2006

Clinical Documentation and Prior Authorization Required		Type of Review - Case Management	
Not Covered	√	Type of Review – Clinical Review	
		Administrative Process (Internal Use Only)	

Overview

Sclerotherapy/Prolotherapy involves the use of single or multiple injections of sclerosing solutions into joints, muscles, or ligaments. This procedure has been proposed as an effective option for a wide range of conditions, including back pain, osteoarthritis, migraine headaches, fibromyalgia, tennis elbow, temporomandibular joint (TMJ) dysfunction, and tendinitis.

Policy Statement

Tufts Health Plan does not cover sclerotherapy/prolotherapy.

According to the Tufts Health Plan Evidence of Coverage (EOC), a treatment or procedure is considered experimental or investigative “if reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.”

Note: Reliable evidence, as used in this section, shall mean only published reports and articles in the authoritative peer-reviewed medical and scientific literature.

In accordance with the definition above, Tufts Health Plan considers the use of Sclerotherapy/Prolotherapy to be experimental and investigative. Additional reviews of this treatment or procedure will be performed as new information becomes available.

Codes

The following HCPCS procedure code is considered investigational/not medically necessary:

Procedure Code	Description
M0076	Prolotherapy

Applicable Products

Medical technology coverage determinations apply to all fully insured Tufts Health Plans, unless a specific limitation or exception exists.

1. For self-insured plans, consult individual plan benefit descriptions. If a discrepancy exists between a medical technology coverage determination and a self-insured member’s benefit document, the provisions of the benefit document will govern.
2. Applicable state or federal mandates will take precedence over either .

Medical Policy Guidelines have been developed for determining coverage for Tufts Health Plan benefits and are published to provide easy access and a better understanding of the basis upon which coverage decisions are made. They are used in conjunction with a Member’s benefit document and in coordination with the Member’s physician(s). Tufts Health Plan makes coverage decisions on a case-by-case basis considering the individual Member’s health care needs, however, when a procedure is considered to be experimental or investigative, it is not covered for all members. Tufts Health Plan revises and updates Medical Policy Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions. This policy guideline does not apply to Tufts Health Plan Medicare Preferred or Uniformed Services Family Health Plan members. Providers in the New Hampshire service area are subject to CIGNA HealthCare’s provider arrangement for the purpose of CareLink members

References

1. Hayes.Inc., Hayes Report- Sclerotherapy, Joint and Ligamentous Injections, September 2001.
2. Hayes.Inc., Hayes Report- Sclerotherapy, Joint and Ligamentous Injections, Update Search. July 8, 2006.
3. Dechow E, Davies RK, Carr AJ, Thompson PW. A randomized, double-blind, placebo-controlled trial of sclerosing injections in patients with chronic back pain. *Rheumatology*. 1999;38:1255-1259.
4. Health Care Financing Administration (HCFA) [Web site]. Quality of care information. Coverage policies. Review issues. Prolotherapy for chronic low back pain (#CAG-0045) decision memorandum. September 27, 1999.

Approval History

Reviewed by the Tufts Health Plan Medical Technology Assessment Committee:

- August 2002
- September 1, 2006

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