



FEP Medical Policy Manual

FEP 2.01.26 Prolotherapy

Annual Effective Policy Date: April 1, 2026

Original Policy Date: September 2011

Related Policies:

None

Prolotherapy

Description

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Prolotherapy describes a procedure intended for healing and strengthening ligaments and tendons by injecting an agent that induces inflammation and stimulates endogenous repair mechanisms. Prolotherapy may also be referred to as proliferant injection, prolo, joint sclerotherapy, regenerative injection therapy, growth factor stimulation injection, or nonsurgical tendon, ligament, and joint reconstruction.

OBJECTIVE

The objective of this evidence review is to determine whether the use of prolotherapy improves the net health outcome in individuals with musculoskeletal pain, osteoarthritic pain, or tendinopathies of the upper or lower limbs.

POLICY STATEMENT

Prolotherapy is considered **investigational** as a treatment of musculoskeletal pain.

POLICY GUIDELINES

None

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Sclerosing agents have been approved by the U.S. Food and Drug Administration for use in treating spider veins, varicose veins, or esophageal varices. These sclerosing agents include Asclera (polidocanol), Varithena (an injectable polidocanol foam), Sotradecol (sodium tetradecyl sulfate), and Ethamolol (ethanolamine oleate). These agents are not currently approved as joint and ligamentous sclerosing agents.

RATIONALE

Summary of Evidence

For individuals who have musculoskeletal pain (eg, chronic neck or back pain), osteoarthritic pain, or tendinopathies of the upper or lower limbs who receive prolotherapy, the evidence includes small randomized trials with inconsistent results. Relevant outcomes are symptoms, functional outcomes, and quality of life. The strongest evidence evaluates the use of prolotherapy for the treatment of osteoarthritis, but the clinical significance of the therapeutic results is uncertain. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in "Supplemental Information" if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American College of Foot and Ankle Surgeons

A 2017 guideline from the American College of Foot and Ankle Surgeons on acquired infracalcaneal heel pain states that evidence regarding the efficacy and safety of prolotherapy for treatment of plantar fasciitis is uncertain, which makes its use neither appropriate nor inappropriate.⁴² The same statement is made for platelet-rich plasma, amniotic tissue, botulinum toxin, and needling.

American College of Rheumatology/Arthritis Foundation

The 2019 American College of Rheumatology/Arthritis Foundation guideline for osteoarthritis of the hand, hip, and knee conditionally recommends against the use of prolotherapy in patients with knee and/or hip osteoarthritis, given limited number of trials involving small sample sizes showing limited effect.⁴³ The guideline does not make any recommendation regarding hand osteoarthritis, given lack of trials.

North American Spine Society

A 2020 guideline on low back pain from the North American Spine Society does not provide a recommendation on prolotherapy but states that sacroiliac ligament prolotherapy deserves further study.⁴⁴

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

The Centers for Medicare & Medicaid currently do not cover prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents.⁴⁵

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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
September 2011	New policy	
December 2012	Replace policy	Updated rationale and references, no change in policy statement.
December 2013	Replace policy	Policy updated with literature review; references 11 and 16 added; reference 20 updated; policy statement unchanged.
December 2014	Replace policy	Policy updated with literature review adding reference 20. No change to policy statement.
December 2015	Replace policy	Policy updated with literature review through June 30, 2015; references 12 and 15 added; policy statement unchanged.
March 2017	Administrative review	Policy reviewed with no changes.
March 2018	Replace policy	Policy updated with literature review through September 14, 2017; reference 22 added. Policy statement unchanged.
March 2019	Replace policy	Policy updated with literature review through September 4, 2018; no references added. Policy statement unchanged.
March 2020	Replace policy	Policy updated with literature review through September 6, 2019; no references added. Policy statement unchanged.
March 2021	Replace policy	Policy updated with literature review through October 7, 2020; references added. Policy statement unchanged.
March 2022	Replace policy	Policy updated with literature review through September 11, 2021; references added. Policy statement unchanged.
March 2023	Replace policy	Policy updated with literature review through September 9, 2022; references added. Policy statement unchanged.
March 2024	Replace policy	Policy updated with literature review through September 20, 2023; references added. Policy statement unchanged.
March 2025	Replace policy	Policy updated with literature review through September 17, 2024; references added. Policy statement unchanged.
March 2026	Replace policy	Policy updated with literature review through September 19, 2025; references added. Policy statement unchanged.

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