Eli's Rehab Report

Reader Question: Medicare Will Deny Prolotherapy

Question: We have been performing an increasing number of prolotherapy injections in our practice, but we don't know how to code them. Should we report the trigger point codes (20552-20553, Injection[s]; single or multiple trigger point[s] ...)?

New York Subscriber

Answer: You can find the prolotherapy code (M0076) in HCPCS, where you'll also see the descriptor that reads, "The therapeutic efficacy of prolotherapy and joint sclerotherapy has not been established." Despite its growing popularity, Medicare and most other insurers do not cover prolotherapy.

Because prolotherapy involves a series of injections into the trigger points, many practices believe that reporting 20552-20553 for these services is logical. However, this interpretation could get your practice into trouble if your insurer ever reviews your files. For example, the trigger point injection local medical review policies (LMRPs) for both United Healthcare and Empire Medicare (your state's Part B carrier) read, "Prolotherapy is not covered by Medicare. Its billing under the trigger point injection code is misrepresentation of the fact."

Ask your Medicare patients to sign an advance beneficiary notice (ABN) before you perform prolotherapy so they know that they will be responsible for paying any portion that Medicare denies. After the patient signs the waiver, you should report M0076-GA (Waiver of liability statement on file).