



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Prolotherapy

MP9726

Covered Service: No

**Prior Authorization
Required:** No

**Additional
Information:** None

Medica Medical Policy:

1.0 Prolotherapy is considered experimental and investigational, and therefore not medically necessary.

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