



MASSACHUSETTS

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Medical Policy Neural Therapy

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Policy Number: 914

BCBSA Reference Number: 2.01.85
NCD/LCD: N/A

Related Policies

- Autonomic Nervous System Testing, #[713](#)
- Intravenous Anesthetics for the Treatment of Chronic Neuropathic Pain, #[291](#)
- Manipulation under Anesthesia, #[483](#)
- Prolotherapy, #[183](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Neural therapy is considered [INVESTIGATIONAL](#) for all indications.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

ICD Diagnosis Codes

Investigational for all diagnoses.

Description

The practice of neural therapy is based on the belief that energy flows freely through the body. It is proposed that injury, disease, malnutrition, stress, and scar tissue disrupt this flow, creating disturbances in the electrochemical function of tissues and energy imbalances called "interference fields." Injection of a local anesthetic is believed to re-establish the normal resting potential of nerves and flow of energy. Alternative theories include fascial continuity, the ground (matrix) system, and the lymphatic system.¹

There is a strong focus on treatment of the autonomic nervous system, and injections may be given at a location other than the source of the pain or location of an injury. Neural therapy is promoted mainly to relieve chronic pain. It has also been proposed to be helpful for allergies, hay fever, headaches, arthritis, asthma, hormone imbalances, libido, infertility, tinnitus, chronic bowel problems, sports or muscle injuries, gallbladder, heart, kidney, or liver disease, dizziness, depression, menstrual cramps, and skin and circulation problems.

Summary

Neural therapy involves the injection of a local anesthetic such as procaine or lidocaine into various tissues such as scars, trigger points, acupuncture points, tendon and ligament insertions, peripheral nerves, autonomic ganglia, the epidural space, and other tissues to treat chronic pain. Neural therapy has been proposed for other chronic illness syndromes such as allergies, infertility, tinnitus, depression, and chronic bowel problems. When the anesthetic agent is injected into traditional acupuncture points, this treatment may be called neural acupuncture.

For individuals who have chronic pain or illness (eg, pain, allergies, hay fever, headaches, arthritis, asthma, hormone imbalances, libido, infertility, tinnitus, chronic bowel problems, sports or muscle injuries, gallbladder, heart, kidney, or liver disease, dizziness, depression, menstrual cramps, skin and circulation problems) who receive neural therapy, the evidence includes small randomized trials and a large case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. There are few English-language reports assessing the use of neural therapy for pain, and the available studies have methodologic limitations that preclude conclusions on efficacy. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
1/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
1/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
1/2016	New references added from BCBSA National medical policy.
2/2015	New references added from BCBSA National medical policy.

3/2014	New references added from BCBSA National medical policy.
2/04/2013	New policy describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Frank BL. Neural therapy. *Phys Med Rehabil Clin N Am.* Aug 1999;10(3):573-582, viii. PMID 10516978.
2. Hui F, Boyle E, Vayda E, et al. A randomized controlled trial of a multifaceted integrated complementary- alternative therapy for chronic herpes zoster-related pain. *Altern Med Rev.* Mar 2012;17(1):57-68. PMID 22502623.
3. Gibson RG, Gibson SL. Neural therapy in the treatment of multiple sclerosis. *J Altern Complement Med.* Dec 1999;5(6):543-552. PMID 10630348.
4. Egli S, Pfister M, Ludin SM, et al. Long-term results of therapeutic local anesthesia (neural therapy) in 280 referred refractory chronic pain patients. *BMC Complement Altern Med.* Jun 27 2015;15:200. PMID 26115657.
5. Atalay NS, Sahin F, Atalay A, et al. Comparison of efficacy of neural therapy and physical therapy in chronic low back pain. *Afr J Tradit Complement Altern Med.* Oct 2013;10(3):431-435. PMID 24146471.
6. Schmittinger CA, Schar R, Fung C, et al. Brainstem hemorrhage after neural therapy for decreased libido in a 31- year-old woman. *J Neurol.* Jul 2011;258(7):1354-1355. PMID 21286741.
7. American Association of Orthopaedic Medicine. Neural Therapy. 2013; <http://www.aaomed.org/Neural-therapy>. Accessed September 2019.