Medical Policy

Neural Therapy

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Policy Number: 914
BCBSA Reference Number: 2.01.85
NCD/LCD: NA

Related Policies
- Intravenous Anesthetics for the Treatment of Chronic Neuropathic Pain, #291
- Manipulation under Anesthesia, #483

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
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO BlueSM</td>
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<td>Medicare PPO BlueSM</td>
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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-9 Diagnosis Codes**
Investigational for all diagnoses.

**Description**
Neural therapy involves the injection of a local anesthetic such as procaine or lidocaine into scars, trigger points, acupuncture points, tendon and ligament insertions, peripheral nerves, autonomic ganglia, the epidural space, and other tissues to treat chronic pain and illness. When the anesthetic agent is injected into traditional acupuncture points, this treatment may be called neural acupuncture. 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.

**Summary**
Neural therapy is an alternative medicine modality. There are few English language reports and the available evidence is insufficient to permit conclusions concerning the health benefit of this procedure. Therefore, neural therapy is considered investigational.

**Policy History**

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>2/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>2/04/2013</td>
<td>New policy describing ongoing non-coverage.</td>
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**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**