

MEDICAL POLICY

POLICY TITLE	NEURAL THERAPY
POLICY NUMBER	MP-8.012

Original Issue Date (Created):	9/1/2012
Most Recent Review Date (Revised):	9/9/2019
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I. POLICY

Neural therapy is considered **investigational** for all indications. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference:

- MP 2.072** Trigger Point and Tender Point Injections
- MP 4.041** Dry Needling of Myofascial Trigger Points
- MP 8.006** Manipulation under Anesthesia

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

III. DESCRIPTION/BACKGROUND

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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. When the anesthetic agent is injected into traditional acupuncture points, this treatment may be called neural acupuncture.

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 reestablish the normal resting potential of nerves and flow of energy. Alternative theories include fascial continuity, the ground (matrix) system, and the lymphatic system.

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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.

IV. RATIONALE

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Summary of Evidence

For individuals who have chronic pain or illness 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.

V. DEFINITIONS

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NA

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

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VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

There are no specific HCPCS codes for these local anesthetics when injected in this fashion (there is a code for IV lidocaine). The procedure would be reported using CPT codes for therapeutic injection such as:

Investigational when used for neural therapy; therefore, not covered:

CPT Codes®								
20550	20551	20552	20553	64400	64405	64408	64415	64416
64417	64418	64420	64421	64425	64430	64435	64445	64446
64447	64448	64449	64450	64451	64454	64479	64480	64483
64484	64505	64510	64517	64520	64530	64999		

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IX. REFERENCES

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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.* n.d.; <http://www.aaomed.org/Neural-therapy>. Accessed September 9, 2019.
8. Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.85, *Neural Therapy* November 2018.

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X. POLICY HISTORY

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MP 1.012	CAC 4/24/2012 New policy. Previously silent on this therapy. Adopt BCBSA – now investigational.
	Medicare variation referencing LCD L32573 added effective 11/15/12.
	CAC 6/4/13 Consensus list review. Administrative code review complete.
	CAC 3/25/14 Consensus. No change to policy statements. References updated. Rationale section added. FEP variation changed to reference MP-2.01.85 Neural Therapy. Coding reviewed.
	11/21/2014- Admin Change to coding section.
	CAC 3/24/15 Consensus review. References and rationale updated. No changes to the policy statements. Codes reviewed.
	CAC 3/29/16 Consensus review. No changes to the policy statements. Reference update. 2016 coding update (64412 end dated). Coding reviewed.
	Admin update 1/1/17: Product variation section reformatted.
	CAC 3/28/17 Consensus review. No changes to the policy statements. Reference update. Coding reviewed.
	1/1/18 Admin Update: Medicare variations removed from Commercial Policies.
	1/26/18 Consensus review. Policy statement unchanged. Rationale and Reference sections updated.
	1/1/19 Consensus review. Policy statement unchanged. Rationale condensed. No new references. Coding updated to remove end dated code 64508.
	9/9/19 Consensus review. Policy statement unchanged. FEP variation removed since policy is no longer active. References updated.
1/1/20 Coding updates: Added new codes 64451 and 64454. Removed end-dated codes 64402, 64410 and 64413.	

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