



EFFECTIVE DATE: 12/18/2012

POLICY LAST UPDATED: 05/07/2019

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Neural Therapy is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Neural therapy is considered not medically necessary for all indications as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

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. 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.

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.

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.

Neural therapy should be distinguished from the use of peripherally injected anesthetic agents for nerve blocks or local anesthesia. The site of the injection for neural therapy may be located far from the source of the pain or injury. The length of treatment can vary from one session to a series of sessions over a period of weeks or months.

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.

CODING

BlueCHiP for Medicare and Commercial Products

There are no specific HCPCS or CPT codes for these local anesthetics when injected in this fashion. The procedure would be reported using an unlisted CPT code.

RELATED POLICIES

None

PUBLISHED

Provider Update, July 2019
Provider Update, August 2018
Provider Update, June 2017
Provider Update, June 2016
Provider Update, November 2015
Provider Update, January 2015
Provider Update, February 2013

REFERENCES

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3. Gibson RG, Gibson SL. Neural therapy in the treatment of multiple sclerosis. J Altern Complement Med 1999; 5(6):543-52.
4. 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 2013; 10(3):431-5.
5. Schmittinger CA, Schar R, Fung C et al. Brainstem hemorrhage after neural therapy for decreased libido in a 31-year-old woman. J Neurol 2011; 258(7):1354-5.
6. American Association of Orthopaedic Medicine. Neural Therapy. n.d.; <http://www.aaomed.org/Neural-therapy>. Accessed October 18, 2018.
7. 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. 2015;15:200. PMID 26115657

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