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OVERVIEW

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.

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Neural therapy is considered not medically necessary for all indications. The available evidence is insufficient to permit conclusions concerning the health benefit of this procedure.

MEDICAL CRITERIA

None

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 and illness. 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.(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.

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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage.

CODING

BlueCHiP for Medicare and Commercial.

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

RELATED POLICIES

None

PUBLISHED

Provider Update Jan 2015

Provider Update Feb 2013

REFERENCES

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None
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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. Arner S, Lindblom U, Meyerson BA et al. Prolonged relief of neuralgia after regional anesthetic blocks. A call for further experimental and systematic clinical studies. *Pain* 1990; 43(3):287-97.
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