



**EFFECTIVE DATE:** 12 | 18 | 2012  
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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.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare and Commercial Products

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.

## COVERAGE

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

## 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.

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.

The evidence for neural therapy in patients who have chronic pain or illness 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, 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. Therefore, this service is considered not medically necessary for BlueCHIP for Medicare and Commercial products.

#### **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, June 2016

Provider Update, November 2015

Provider Update, January 2015

Provider Update, February 2013

#### **REFERENCES**

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