Corporate Medical Policy

Neural Therapy

File Name: neural_therapy
Origination: 4/2012
Last CAP Review: 4/2017
Next CAP Review: 4/2018
Last Review: 4/2017

Description of Procedure or Service

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.

Related Policies:

Intravenous Anesthetics for the Treatment of Chronic Pain
Spinal Manipulation Under Anesthesia

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.

Policy

Neural Therapy is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.
Neural Therapy

When Neural Therapy is covered
Not applicable.

When Neural Therapy is not covered
Neural therapy is considered investigational for all indications.

Policy Guidelines
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.

Billing/Coding/Physician Documentation Information
This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: There is no specific code for this service.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources
Medical Director – 3/2012


Medical Director review – 1/2015

Neural Therapy

Medical Director review 1/2016

**Policy Implementation/Update Information**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>4/17/12</td>
<td>New policy. Neural therapy is considered investigational for all indications.</td>
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<td>Notification given 4/17/12. Policy effective 7/24/12. (btw)</td>
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<td>1/29/13</td>
<td>Specialty Matched Consultant Advisory Panel review 1/16/2013. No change to policy</td>
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<td>2/11/14</td>
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<td>Medical Director review 1/2015. Policy Statement unchanged. (td)</td>
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<td>2/29/16</td>
<td>Policy Guidelines section revised References updated. Specialty Matched Consultant</td>
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<td>Advisory Panel review 1/27/2016. Medical Director review 1/2016. (td)</td>
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<td>12/30/16</td>
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<td>5/26/17</td>
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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.