



**BlueCross BlueShield  
of Alabama**

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**Name of Blue Advantage Policy:**  
**Neural Therapy**

Policy #: 618  
Category: Surgery

Latest Review Date: December 2020  
Policy Grade: D

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**BACKGROUND:**

**Blue Advantage** medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. Safe and effective;
2. Not experimental or investigational\*;
3. Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;
  - Furnished in a setting appropriate to the patient's medical needs and condition;
  - Ordered and furnished by qualified personnel;
  - One that meets, but does not exceed, the patient's medical need; and
  - At least as beneficial as an existing and available medically appropriate alternative.

\*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare** for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).

## **POLICY:**

**Blue Advantage** will treat **neural therapy** as a **non-covered benefit** and as **investigational**.

## **POLICY GUIDELINES:**

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 1 session to a series of sessions over a period of weeks or months.

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

## **DESCRIPTION OF PROCEDURE OR SERVICE:**

Neural therapy involves the injection of a local anesthetic such as procaine or lidocaine into various tissues such as scars, acupuncture points, tendon and ligament insertions, peripheral nerves, autonomic ganglia, 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 at specific sites is believed to re-establish 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, multiple sclerosis, 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.

## **KEY POINTS:**

This policy has been updated regularly with searches of the MEDLINE database. The most recent literature update was performed through October 5, 2020.

## **Summary of Evidence**

For individuals who have chronic pain or illness (e.g., pain, allergies, hay fever, headaches, arthritis, asthma, hormone imbalances, libido, infertility, tinnitus, multiple sclerosis, 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 randomized and nonrandomized trials. 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.

## **Practice Guidelines and Position Statements**

The American Association of Orthopaedic Medicine has described neural therapy on its website and provides a link for instructional courses on the procedure.

### **American College of Obstetricians and Gynecologists**

In 2020, the American College of Obstetricians and Gynecologists practice bulletin on chronic pelvic pain recommends trigger point injections (alone or in combination with other treatments) for improving pain and function in patients with myofascial chronic pelvic pain (Level A recommendation – based on good and consistent scientific evidence). In particular, trigger point injections may be effective for pelvic floor muscle spasm that is refractory to pelvic floor PT and medications. Injection at trigger points in the abdominal wall may be more effective than ischemic compression PT. Examples of medications that can be used for this type of injection include saline, anesthetics, steroids, or opioids; no medication is specifically recommended for or against and the guideline authors speculate that needle injection may itself account for some of the therapeutic effect. Symptom relief may occur rapidly after the first dose, but full benefit may require repeated doses.

### **American Academy of Neurology**

In 2014, the American Academy of Neurology guideline on complementary and alternative therapies for multiple sclerosis stated that there is insufficient evidence to support or refute the efficacy of neural therapy. Due to inadequate data, the guideline classifies neural therapy treatment as ‘unproven’ for this indication. The evidence reviewed was limited to a single Class III study (controlled study with independent outcome assessment) that evaluated the effect of neural therapy on disability in patients with all forms of multiple sclerosis. Among 61 patients with various forms of multiple sclerosis, 69% had improved Expanded Disability Status Scores which were sustained in 29% of patients during long-term follow-up (2 to 3.5 years).

### **North American Spine Society**

In 2020, the North American Spine Society guideline on the diagnosis and treatment of low back pain states that evidence is insufficient to make a recommendation for or against treatment with trigger point injections (Grade I recommendation – insufficient or conflicting evidence not allowing a recommendation for or against the intervention). Neural therapy and local anesthetic injections are not specifically mentioned, but the guideline reviewed one randomized study (Level II evidence) that compared a single treatment with lidocaine, lidocaine combined with a steroid, a dry needle (acupuncture), and vapocoolant spray plus acupressure. After 2 weeks, pain

was improved by 40% to 60% in all groups. Based on this study, the guideline authors concluded that outcomes are similar regardless of the medication used for the trigger point injection.

**U.S. Preventive Services Task Force Recommendations**

Not applicable.

**KEY WORDS:**

Neural therapy, neural acupuncture, autonomic response testing (ART), genicular nerve block

**APPROVED BY GOVERNING BODIES:**

Neural therapy is a procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

**BENEFIT APPLICATION:**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

**CURRENT CODING:**

There are no specific HCPCS codes for local anesthetics when injected in this fashion. The procedure would be reported using CPT codes for therapeutic injections such as:

**CPT Codes:**

20550	Injection(s); single tendon sheath, or ligament, aponeurosis
20551	Injection(s); single tendon origin/insertion
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (i.e., ophthalmic, maxillary, mandibular)
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)

64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch
64454	Injection, anesthetic agent, genicular nerve branches, including imaging guidance, when performed (Effective 01/01/20)
64505	Injection, anesthetic agent, sphenopalatine ganglion
64510	Injection, anesthetic agent, stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent, superior hypogastric plexus
64520	Injection, anesthetic agent, lumbar or thoracic (paravertebral sympathetic)

64530	Injection, anesthetic agent, celiac plexus, with or without radiographic monitoring
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
99199	Unlisted special service, procedure or report

**Previous Coding:**

64402	Injection, anesthetic agent; facial nerve (Deleted 12/31/19)
64410	Injection, anesthetic agent; phrenic nerve (Deleted 12/31/19)
64413	Injection, anesthetic agent; cervical plexus (Deleted 12/31/19)
64508	Injection, anesthetic agent, carotid sinus (separate procedure) (Deleted 12/31/18)

**REFERENCES:**

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## **POLICY HISTORY:**

Adopted for Blue Advantage, January 2016

Available for comment January 9 through February 22, 2016

Medical Policy Group, May 2017

Medical Policy Group, November 2017

Medical Policy Group, December 2018: 2019 CPT Coding Update

Medical Policy Group, June 2019

Medical Policy Group, December 2019

Medical Policy Group, December 2019: Annual Coding Update

Medical Policy Group, December 2020

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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*