



MASSACHUSETTS

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Medical Policy Neural Therapy

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 914

BCBSA Reference Number: 2.01.85 (For Plan internal use only)

NCD/LCD: N/A

Related Policies

- Autonomic Nervous System Testing, #[713](#)
- Intravenous Anesthetics for the Treatment of Chronic Neuropathic Pain, #[291](#)
- Manipulation under Anesthesia, #[483](#)
- Prolotherapy, #[183](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Neural therapy is considered [INVESTIGATIONAL](#) for all indications.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

ICD Diagnosis Codes

Investigational for all diagnoses.

Description

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.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, 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.

Summary

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, multiple sclerosis, depression, and chronic bowel problems. When the anesthetic agent is injected into traditional acupuncture points, this treatment may be called neural acupuncture.

For individuals who have chronic pain or illness (eg, 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 that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
1/2025	Annual policy review. References updated. Policy statements unchanged.
1/2024	Annual policy review. References updated. Policy statements unchanged.
1/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2022	Annual policy review. Description, summary, and references updated. Policy

	statements unchanged.
1/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2016	Annual policy review. New references added.
2/2015	Annual policy review. New references added.
3/2014	Annual policy review. New references added.
2/04/2013	New policy describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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3. Altınbilek T, Terzi R, Başaran A, et al. Evaluation of the effects of neural therapy in patients diagnosed with fibromyalgia. *Turk J Phys Med Rehabil*. Mar 2019; 65(1): 1-8. PMID 31453538
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