Healthy Blue

Medical Policy

Subject:	Neural Therapy		
Document #:	MED.00097	**Publish Date:**	12/16/2020
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Description/Scope

This document addresses neural therapy, a treatment approach based on the concept that energy flows freely through the body of a healthy person. Proponents claim that injury, disease, malnutrition, stress and even scar tissue disrupt this flow creating energy imbalances called interference fields. Neural therapy purports to manage chronic disease and disorders by considering four components: the structural component, the electromagnetic component, the biochemical component and the psychological component. Treatments include anesthetic injections, including those to areas distant from the site of the pain, medication and nutritional support, electromagnetic stimulation and psychological intervention.

Note: Please see the following document for additional information on related topics:

- CG-ANC-03 Acupuncture

Position Statement

Investigational and Not Medically Necessary:

Neural therapy is considered **investigational and not medically necessary** for all indications.

Rationale

Neural therapy is based on electrical disturbance and restricted lymph system theories. It is based on the belief that a distortion in the connective tissue of the body, interference in structure, lymph flow or electrical conduction can cause illness. The goal of neural therapy is to correct the interference and heal the illness or symptoms. However, even those who practice neural therapy acknowledge that the process is not well understood.

Published evidence from a nonrandomized, comparative trial (n=60) compared the short-term effects of neural therapy with physical therapy for the treatment of chronic low back pain (LBP) (Atalay, 2013). Neural therapy consisted of anesthetic injections into scars, trigger points, and acupuncture points, and physical therapy, which consisted of various exercises, use of superficial and deep heating and analgesic stimulation using transcutaneous electrical nerve stimulation (TENS). Outcome measures included pain (visual analogue scale [VAS]); function (Roland Morris Disability Questionnaire [RMDQ]); quality of life (QOL), Nottingham Health Profile (NHP); and anxiety and depression (Hospital Anxiety and Depression Scale [HADS]). When differences of the pre- and post-treatment scores between two treatment groups were compared, subjects in the neural therapy group demonstrated significantly better improvement relative to the physical therapy group for RMDQ (p=0.021); NHP-pain (p=0.027);

NHP-physical activity (p=0.004), and NHP-social isolation (p=0.045). Other comparisons between the two groups were not significant. Preliminary findings of this study suggested that neural therapy may be effective for pain management in individuals with LBP. However, the study was characterized by several methodological limitations, including lack of placebo controls, lack of follow-up assessment, and varying degrees of disease severity among all subjects at baseline. As a result, no definitive conclusions could be made regarding the safety and effectiveness of neural therapy for this particular indication. Overall, there is insufficient published literature that demonstrates the clinical utility and safety of this treatment modality for any indication (Atalay, 2013; Hui, 2012; Lorentzen, 2012).

Background/Overview

Neural therapy is promoted mainly to relieve chronic pain, reduce disability, and improve QOL. It is also thought to help individuals with allergies, hay fever, headaches, arthritis, asthma, hormone imbalances, sports or muscle injuries, gallbladder, heart, liver disease, dizziness, depression, menstrual cramps, skin and circulation problems. Neural therapy originated in Germany in the late 1800s with the idea that the nervous system influences all bodily functions. Later, in the 1940s, practitioners believed that injecting local anesthetics could affect distant, unrelated parts of the body. This theory was based on a clinical anecdote describing the relief of shoulder pain in an individual following the injection of an anesthetic drug into an existing scar on the leg. From this experience arose the notion of interference fields and the development of neural therapy.

Neural therapy is not to be confused with nerve blocks, local anesthesia injections, or acupuncture. Nerve blocks involve injections of medication to relieve pain caused by stimulation of a peripheral nerve. Local anesthesia is the injection of an anesthetic agent at a local site to relieve localized pain. Acupuncture, a form of traditional Chinese medicine, stimulates certain points on the body associated with energy channels (referred to as "meridians") with the insertion and manipulation of fine needles. Proponents of neural therapy propose that local injections of anesthetic agents into areas of the body, such as scars, *that are unrelated to the site of pain,* may interfere with the electrical activity of the nervous system and relieve pain.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services are Investigational and Not Medically Necessary:
When the code describes a procedure indicated in the Position Statement section as investigational and not medically necessary.

CPT	
99199	Unlisted special service, procedure or report [when specified as 'neural therapy'] Note: if specific components are coded separately, these services are considered to be investigational and not medically necessary

ICD-10 Diagnosis

All diagnoses

References

Peer Reviewed Publications:

1. Atalay NS, Sahin F, Atalay A, Akkaya N. Comparison of efficacy of neural therapy and physical therapy in chronic low back pain. Afr J Tradit Complement Altern Med. 2013; 10(3):431-435.
2. Egli S, Pfister M, Ludin SM, et al. Long-term results of therapeutic local anesthesia (neural therapy) in 280 referred refractory chronic pain patients. BMC Complement Altern Med. 2015; 15:200.
3. Gibson RG, Gibson SL. Neural therapy in the treatment of multiple sclerosis. J Altern Complement Med. 1999; 5(6):543-552.
4. Harris GR. Neural therapy and its role in the effective treatment of chronic pain. Practical Pain Management site. Available at: http://www.practicalpainmanagement.com/treatments/complementary/prolotherapy/neural-therapy-its-role-effective-treatment-chronic-pain. Accessed on September 9, 2020.
5. Hui F, Boyle E, Vayda E, Glazier RH. A randomized controlled trial of a multifaceted integrated complementary-alternative therapy for chronic herpes zoster-related pain. Altern Med Rev. 2012; 17(1):57-68.
6. Huntley A, Ernst E. Complementary and alternative therapies for treating multiple sclerosis symptoms: a systematic review. Complement Ther Med. 2000; 8(2):97-105.
7. Lorentzen J, Nielsen D, Holm K, et al. Neural tension technique is no different from random passive movements in reducing spasticity in patients with traumatic brain injury. Disabil Rehabil. 2012; 34(23):1978-1985.

Government Agency, Medical Society and Other Authoritative Publications:

1. American Association of Orthopedic Medicine. Neural Therapy. 2013. Available at: http://www.aaomed.org/Neural-therapy. Accessed on September 9, 2020.
2. American Cancer Society. Guidelines for Using Complementary and Alternative Methods. Available at: http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/guidelines-for-using-complementary-and-alternative-methods. Accessed on September 9, 2020.

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The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

Document History

Status	Date	Action
Reviewed	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. References were updated.
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Reviewed	02/13/2014	MPTAC review. Rationale and references were updated.
Reviewed	02/14/2013	MPTAC review. References were updated.
Reviewed	02/16/2012	MPTAC review. References updated.
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Reviewed	02/25/2010	MPTAC review. References updated.
Reviewed	02/26/2009	MPTAC review. References updated.
New	02/21/2008	MPTAC review. Initial document development.