

MEDICAL POLICY

POLICY TITLE	NEURAL THERAPY
POLICY NUMBER	MP 8.012

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	2/1/2026

POLICY

Neural therapy is considered **investigational** for all indications. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

POLICY GUIDELINES

Neural therapy should be distinguished from the use of peripherally injected anesthetic agents for nerve blocks or local anesthesia. For example, a temporary genicular nerve block for osteoarthritic knee pain would not be considered neural therapy. 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.

Cross-References:

MP 2.061 Prolotherapy

MP 2.072 Trigger Point and Tender Point Injections

MP 4.041 Dry Needling of Myofascial Trigger Points

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

DESCRIPTION/BACKGROUND

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, depression, and chronic bowel problems. When the anesthetic

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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.

REGULATORY STATUS

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

RATIONALE

Summary of Evidence

For individuals who have chronic pain or illness who receive neural therapy (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.

DEFINITIONS

NA

DISCLAIMER

Capital Blue Cross’ medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or

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payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

There are no specific HCPCS codes for these local anesthetics when injected in this fashion (there is a code for IV lidocaine). The procedure would be reported using CPT codes for therapeutic injection such as:

Investigational when used for neural therapy; therefore, not covered:

Procedure Codes								
20550	20551	20552	20553	64400	64405	64408	64415	64416
64417	64418	64425	64430	64435	64445	64446	64447	64448
64449	64450	64451	64454	64455	64479	64480	64483	64484
64505	64510	64517	64520	64530	64999			

REFERENCES

1. Frank BL. Neural therapy. *Phys Med Rehabil Clin N Am.* Aug 1999; 10(3): 573-82, viii. PMID 10516978
2. Boluk Senlikci H, Odabasi OS, Ural Nazlikul FG, et al. Effects of local anaesthetics (neural therapy) on pain and hand functions in patients with De Quervain tenosynovitis: A prospective randomised controlled study. *Int J Clin Pract.* Oct 2021; 75(10): e14581. PMID 34185386
3. Altinbilek T, Terzi R, Basaran 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
4. Nazlikul H, Ural FG, Ozturk GT, et al. Evaluation of neural therapy effect in patients with piriformis syndrome. *J Back Musculoskelet Rehabil.* 2018; 31(6): 1105-1110. PMID 30010101
5. Montenegro ML, Braz CA, Rosa-e-Silva JC, et al. Anaesthetic injection versus ischemic compression for the pain relief of abdominal wall trigger points in women with chronic pelvic pain. *BMC Anesthesiol.* Dec 01 2015; 15: 175. PMID 26628263
6. Balevi Batur E, Atan T. Neural therapy for fibromyalgia: Myth or improving quality of life?. *Int J Clin Pract.* Apr 2021; 75(4): e13719. PMID 32955788

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7. 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*. Jun 27 2015; 15: 200. PMID 26115657
8. Atalay NS, Sahin F, Atalay A, et al. Comparison of efficacy of neural therapy and physical therapy in chronic low back pain. *Afr J Tradit Complement Altern Med*. 2013; 10(3): 431-5. PMID 24146471
9. American Association of Orthopaedic Medicine. *Neural Therapy*. 2013
10. Chronic Pelvic Pain: ACOG Practice Bulletin, Number 218. *Obstet Gynecol*. Mar 2020; 135(3): e98-e109. PMID 32080051
11. Yadav V, Bever C, Bowen J, et al. Summary of evidence-based guideline: complementary and alternative medicine in multiple sclerosis: report of the guideline development subcommittee of the American Academy of Neurology. *Neurology*. Mar 25 2014; 82(12): 1083-92. PMID 24663230
12. Gibson RG, Gibson SL. Neural therapy in the treatment of multiple sclerosis. *J Altern Complement Med*. Dec 1999; 5(6): 543-52. PMID 10630348
13. North American Spine Society. *Diagnosis and treatment of low back pain*. 2020.
14. Garvey TA, Marks MR, Wiesel SW. A prospective, randomized, double-blind evaluation of trigger-point injection therapy for low-back pain. *Spine (Phila Pa 1976)*. Sep 1989; 14(9): 962-4. PMID 2528826
15. Atalay N, Sahin F, Atalay A, Akkaya N. Comparison of efficacy of neural therapy and physical therapy in chronic low back pain. *African Journal of Traditional Complementary and Alternative Medicines*. 2013;10(3).
16. Xing C, Chen P, Hugnot JP, Liu C. Targeting neural components in the tumor microenvironment as a novel therapeutic approach. *Medicine Plus*. December 2024:100068.
17. Zhang J, Zheng X, Wu Z, Wang Y, Chen H. Neural Stem/Progenitor cell transplantation therapy for chronic spinal cord injury. *Journal of Neurorestoratology*. June 2025:100223.

POLICY HISTORY

MP 1.012	01/01/2020 Administrative Update. Added new codes 64451 and 64454. Removed end-dated codes 64402, 64410 and 64413.
	09/08/2020 Consensus Review. Policy Statement unchanged. Added policy guidelines and regulatory status. Background updated.
	03/10/2021 Administrative Update. 64420 and 64421 removed from the policy. Effective 04/01/2021.
	05/07/2021 Consensus Review. Policy statement unchanged. References updated.
	01/27/2022 Consensus Review. Updated policy guidelines by giving example of temporary nerve block. Updated FEP and references. Added CPT code 64455.
	10/27/2023 Consensus Review. References reviewed. No changes to coding.
	12/14/2024 Consensus Review. References reviewed and updated. No coding changes.

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	07/23/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.
	09/09/2025 Consensus Review. References reviewed and updated. No coding changes.

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