

Medical Coverage Policy | Dry Needling of Trigger Point for Myofascial Pain



EFFECTIVE DATE: 06 | 21 | 2016

POLICY LAST UPDATED: 04 | 16 | 2020

OVERVIEW

Trigger points are discrete, focal, hyperirritable spots within a taut band of skeletal muscle fibers that produce local and/or referred pain when stimulated. Dry needling refers to a procedure whereby a fine needle is inserted into the trigger point to induce a twitch response and relieve the pain.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Dry needling of trigger points for the treatment of myofascial pain is considered not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial

Dry needling of trigger points for the treatment of myofascial pain is considered not medically necessary. Dry needling is associated with a high incidence of mild adverse events and the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

Dry needling refers to a procedure in which a fine needle is inserted into the skin and muscle at a site of myofascial pain. The needle may be moved in an up-and-down motion, rotated, and/or left in place for as long as 30 minutes. The intent is to stimulate underlying myofascial trigger points, muscles, and connective tissues to manage myofascial pain. Dry needling may be performed with acupuncture needles or standard hypodermic needles but is performed without the injection of medications (e.g., anesthetics, corticosteroids). Dry needling is proposed to treat dysfunctions in skeletal muscle, fascia, and connective tissue; diminish persistent peripheral pain; and reduce impairments of body structure and function.

The physiological basis for dry needling depends on the targeted tissue and treatment objectives. The most studied targets are trigger points. Trigger points are discrete, focal, hyperirritable spots within a taut band of skeletal muscle fibers that produce local and/or referred pain when stimulated. Trigger points are associated with local ischemia and hypoxia, a significantly lowered pH, local and referred pain, and altered muscle activation patterns.¹ Trigger points can be visualized by magnetic resonance imaging and elastography. Reliability of manual identification of trigger points has not been established.

Deep dry needling is believed to inactivate trigger points by eliciting contraction and subsequent relaxation of the taut band via a spinal cord reflex. This local twitch response is defined as a transient visible or palpable contraction or dimpling of the muscle, and has been associated with alleviation of spontaneous electrical activity; reduction of numerous nociceptive, inflammatory, and immune system related chemicals; and

relaxation of the taut band.¹ Deep dry needling of trigger points is believed to reduce local and referred pain, improve range of motion, and decrease trigger point irritability.

Superficial dry needling is thought to activate mechanoreceptors and have an indirect effect on pain by inhibiting C-fiber pain impulses. The physiological basis for dry needling treatment of excessive muscle tension, scar tissue, fascia, and connective tissues is not as well described in the literature.¹

Alternative nonpharmacologic treatment modalities for trigger point pain include manual techniques, massage, acupressure, ultrasonography, application of heat or ice, diathermy, transcutaneous electrical nerve stimulation, and spray cooling with manual stretch.

For individuals who have trigger points associated with myofascial pain who receive dry needling of trigger points, the evidence includes a number of randomized controlled trials and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Overall, dry needling of trigger points has not been shown to be clinically superior to sham treatment or manual therapy. In addition, dry needling is associated with a high incidence of mild adverse events. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT codes (effective 1/1/2020) are not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products:

20560 Needle insertion(s) without injection(s); 1 or 2 muscle(s)

20561 Needle insertion(s) without injection(s); 3 or more muscles

Note: for claims with dates of service prior to 1/1/2020, claims must be filed with an unlisted code.

Dry needling is not acupuncture, therefore CPT codes 97810-97814 are not appropriate to be used for this service.

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2020

Provider Update, September 2019

Provider Update, August 2018

Provider Update, May 2017

Provider Update, September 2016

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