

Corporate Medical Policy

Dry Needling of Myofascial Trigger Points

File Name: dry_needling_of_myofascial_trigger_points
Origination: 07/2016
Last CAP Review: 09/2019
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Last Review: 09/2019

Description of Procedure or Service

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.

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. 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. 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.

Alternative nonpharmacological 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.

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Dry needling is considered a procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

Dry needling of trigger points for the treatment of myofascial pain is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Dry Needling of Myofascial Trigger Points is covered

Not applicable.

When Dry Needling of Myofascial Trigger Points is not covered

Dry needling of trigger points for the treatment of myofascial pain is considered investigational.

Policy Guidelines

For individuals who have myofascial trigger points associated with neck and/or shoulder pain who receive dry needling of trigger points, the evidence includes randomized controlled trials and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic review of literature published through 2013, reports only 1 out of 8 studies found significantly greater reductions in pain with dry needling compared with other treatments. Two more recent RCTs comparing dry needling to manual therapy did not find significantly better outcomes after dry needling. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for individuals who have myofascial trigger points associated with plantar heel pain who receive dry needling of trigger point, includes RCTs, quasi-experimental studies, and a systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic review, which included 3 quasi-experimental studies, rated study quality as poor. One RCT was double-blinded and sham-controlled; it found a statistically significant greater reduction in pain in the dry needling group than in the sham group, but the difference was not clinically significant (ie, it did not meet the prespecified minimally important difference). The other RCT, a single-blind trial comparing dry needling with usual care, found a significantly greater reduction in pain at the end of active treatment, but not at follow-up 1 month later. Moreover, range of motion outcomes did not differ significantly between groups at either time point. To date, the studies have not demonstrated a statistical or a clinical benefit for dry needling. Additional RCTs, especially those with a sham-control group, would strengthen the evidence base. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for individuals who have myofascial trigger points associated with temporomandibular pain who receive dry needling of trigger points, includes 1 RCT. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity.

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One double-blind, sham-controlled randomized trial was identified; it found that, 1 week after completing the intervention, there were no statistically significant differences between groups in pain scores or function (unassisted jaw opening without pain). There was a significantly higher pain pressure threshold in the treatment group. Additional RCTs, especially those with a sham-control group, are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 20560, 20561

Because dry needling is not acupuncture, CPT codes 97810-97814 are not appropriate.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.100, 5/19/2016

Specialty Matched Consultant Advisory Panel review 11/2016

Medical Director review 11/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.100, 4/2017
Medical Director review 4/2017

Specialty Matched Consultant Advisory Panel review 09/2017

Medical Director review 09/2017

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.100, 4/2018

Medical Director review 4/2018

Specialty Matched Consultant Advisory Panel review 09/2018

Medical Director review 09/2018

Specialty Matched Consultant Advisory Panel review 09/2019

Medical Director review 09/2019

Policy Implementation/Update Information

7/1/16 New policy created. "Dry needling of trigger points for the treatment of myofascial pain is considered investigational." (sk)

Dry Needling of Myofascial Trigger Points

12/30/16 New policy adopted. “Dry needling of trigger points for the treatment of myofascial pain is considered investigational. Specialty Matched Consultant Advisory Panel review 11/2016. Medical Director review 11/2016. (jd)

5/26/17 Referenced updated. Medical Director review 4/2017 (jd)

10/13/17 Specialty Matched Consultant Advisory Panel review 09/2017. Medical Director review 09/2017. (jd)

10/12/18 References updated. Specialty Matched Consultant Advisory Panel review 09/2018. Medical Director review 09/2018. (jd)

10/15/19 References updated. Specialty Matched Consultant Advisory Panel review 09/2019. Medical Director review 09/2019. (jd)

12/31/19 Added the following codes to the Billing/Coding section effective 1/1/20: 20560, 20561. (jd)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.