



MASSACHUSETTS

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Medical Policy

Dry Needling of Trigger Points for Myofascial Pain

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Policy Number: 792

BCBSA Reference Number: 2.01.100

NCD/LCD: National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)

Related Policies

None

Policy

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

Dry needling of trigger points for the treatment of myofascial pain is considered [INVESTIGATIONAL](#).

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance can be found through the link(s) below.

[National Coverage Determinations \(NCDs\)](#)

National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)

Note: To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

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 BlueSM	No
Medicare PPO BlueSM	No

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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles

Description

Dry Needling

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 (eg, 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 physiologic 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. The 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 physiologic basis for dry needling treatment of excessive muscle tension, scar tissue, fascia, and connective tissues is not as well described in the literature.¹

Summary

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.

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 (RCTs) and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. As reported in a systematic review of literature published through 2013, only 1 of 8 studies found significantly greater reductions in pain with dry needling compared with other treatments. Two more recent RCTs comparing dry needling with manual therapy did not find significantly better outcomes after dry needling. A second systematic review of techniques to treat myofascial pain included 15 studies of dry needling for neck or shoulder pain published through 2017. Studies had multiple methodological limitations, and the reviewers concluded that the evidence for dry needling was not greater than placebo. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have myofascial trigger points associated with plantar heel pain who receive dry needling of trigger points, the evidence 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-blind 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 one 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.

For individuals who have myofascial trigger points associated with temporomandibular myofascial pain who receive dry needling of trigger points, the evidence includes an RCT. Relevant outcome are symptoms, functional outcomes, quality of life, and treatment-related morbidity. One double-blind, sham-controlled randomized trial was identified; it found that one 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.

Policy History

Date	Action
6/2020	National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) added. Local Coverage Determination (LCD): Pain Management (L33622) removed.
6/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statement unchanged. Title changed to "Dry Needling of Trigger Points for Myofascial Pain."
5/2020	Local Coverage Determination (LCD): Pain Management (L33622) added.
1/2020	Clarified coding information.
5/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
5/2017	New references added from BCBSA National medical policy.

9/2016	Policy implementation delayed from 7/1/2016 to 9/1/2016. Coding information clarification. Effective 9/1/2016.
7/2016	New medical policy describing investigational indications. Effective 7/1/2016.

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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