BlueCross BlueShield of Vermont

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Dry Needling of Myofascial Trigger Points Corporate Medical Policy

File Name: Dry Needling of Myofascial Trigger Points
File Code: 2.01.VT100
Origination: 04/2015
Last Review: 06/2022
Next Review: 06/2023
Effective Date: 08/01/2022

Description/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. A 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. In more recent systematic reviews and meta-analyses, dry needling was not associated with clinically important reductions in shoulder or neck pain when compared to other physical therapy modalities. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have myofascial trigger points associated with plantar heel pain who receive dry needling of trigger points, the evidence includes a systematic review of randomized trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic review included 6 randomized trials enrolling 395 patients and found no overall difference in pain intensity in those treated with dry needling compared with active control, placebo, or no intervention. However, pain intensity after at least 3 sessions, long-term pain intensity, and pain-related disability were improved. The systematic review rated the evidence as low to moderate. The evidence for dry needling in patients with plantar heel pain is limited by small patient populations and lack of blinding; therefore, additional RCTs are needed to strengthen the evidence base. The

evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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 outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. 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 that the technology results in an improvement in the net health outcome.

Policy

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

Coding Information

Click the links below for attachments, coding tables & instructions.

Attachment I - CPT® Code Table & Instructions

BCBSVT does not consider dry needling to be a manual therapy and should not be billed with CPT® code 97140 (Manual therapy techniques, (eg, mobilization/manipulation, manual lymph drainage, manual traction, one or more regions, each15 minutes).

BCBSVT does not consider dry needling to be an injection and should not be billed with CPT® code 20552 (Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) or CPT® 20553 (single or multiple trigger point(s), 3 or more muscles.

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

Reference Resources

1. Blue Cross and Blue Shield Association MPRM 2.01.100 - Dry Needling of Myofascial Trigger Points for Myofascial Pain. Last Reviewed: May 2022. Accessed June 2022.

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer

benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

04/2015	New Policy
07/2016	Revised to align with BCBSA Medical Policy
08/2017	Policy updated with literature review through February 23, 2017, reference 5-8 and 12 added. Policy statement unchanged to align with BCBSA MPRM 2.01.100.
09/2018	Policy statement unchanged to align with BCBSA MPRM 2.01.100.
09/2019	BCBSA Policy Reviewed. References Reviewed. Policy statement unchanged. Updated provider type in policy statement and coding instructions.

01/2020	Adaptive Maintenance Changes: 20560, 20561 considered Investigational. Removed codes 20999 & 97799, have providers use more specific codes 20560, 20561.
05/2021	Policy reviewed. No change to policy statement.
06/2022	Policy reviewed. Reference updated. Introduction section updated. No change to policy statement.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors **Date Approved**

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Tom Weigel, MD, MBA
Senior Medical Director

Attachment I
CPT® Code Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
CPT®	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Investigational
CPT®	20561	Needle insertion(s) without injection(s); 3 or more muscles	Investigational