Policy	MM-060
Effective Date	**09/01/2024**
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Originated Department	Clinical Operations

Dry Needling

Audience
Providers, Members, Brokers, MHC

Purpose

Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions and must reference the member-specific benefit plan document. The terms of the member-specific Policy document may differ from the standard benefit plan on which this medical policy is based. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the member-specific policy document supersedes this medical policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.

Definition

Globally, the prevalence of neck pain increased by 21% from 2005 to 2015, affecting more than 358 million people in 2015. In the 2015 National Health Interview Survey, almost 39 million adults reported having neck pain, an age-adjusted rate of 15.7% of the U.S. population. Myofascial pain—a pain in the muscle or connective tissue (fascia) that is usually associated with myofascial trigger points (TrPs)—is present in approximately 30% to 85% of patients who present with pain at a primary care facility or pain clinic.

Migraines or severe headaches, face or jaw pain, or low back pain (LBP), respectively, affect more than 36 million, 10 million, and 72 million adults in the United States. The age-adjusted prevalence among adults in the United States is 15% for migraine or severe headaches, 29% for LBP, 4% for face or jaw pain, 10% to 15% for temporomandibular disorders (TMD), and 18% to 26% for shoulder pain. Knee pain affects approximately 25% of adults.

Dry needling involves the provider inserting a dry solid filament needle through the skin and into one or two muscles in (CPT 20560) and into three or more muscles in (CPT 20561). Indicated for myofascial pain relief and movement impairments, trigger points (focal, discrete spots of hypersensitive irritability identified within bands of muscle) are often the target of insertion. These points cause local or referred pain and may be formed by acute or repetitive.

Policy/Procedure

Commercial Plans/ CHIP

Mountain Health Co-Op does NOT cover dry needling for any indication as it is considered investigational, since current published literature is insufficient to determine proven benefit.

1. **Clinical Rationale**
   - **1.1** The overall body of evidence evaluated indicates that dry needling (DN) is safe and well tolerated in adults with mechanical neck and/or trapezius muscle pain. Compared with inactive controls, DN showed significant and consistent improvement in pain, disability, and function as well as clinically meaningful improvements in patient-reported pain. Results of studies comparing DN with active treatments showed similar outcomes between the groups for pain, function, and disability in most studies; however, DN was less efficacious in some studies. There was also considerable variation in active treatments across the studies.
   - **1.2** DN versus control (i.e., sham DN, inactive DN, or no DN) treatment was associated with statistically significant improvements in self-reported pain, PPT, ROM, neck disability, QOL, and analgesic use. One study found that DN versus sham DN did not improve self-rated recovery. One measure of pain across 4 studies showed that the magnitude of effect of the benefit of DN was clinically meaningful.
   - **1.3** Patient-reported pain outcomes were not significantly improved in the majority of studies identified or showed less improvement with DN when compared with other active treatments. Comparisons of efficacy may have been hampered by the heterogeneity in active treatments across the studies as well as questions about the relevance of the comparator treatments.
   - **1.4** DN versus other active treatment was also associated with no significant improvement in other outcomes such as neck disability, PPT, ROM, QOL, and analgesic use. A few studies have reported mild reactions such as self-resolving muscle soreness and sweating but no studies reported major adverse events.
   - **1.5** While DN produced better outcomes than sham DN or inactive control, and had similar efficacy as most other alternative treatments, there is a lack of long-term follow-up data to determine the durability of any benefits. Patients were followed in

most of the reviewed studies for a short time ranging from immediately after treatment to 6 months, with only 1 study having 1-year follow-up.

1.6 DN treatment protocols, concomitant use (or not) of stretching or physical therapy, methods for confirming pain originating from trigger points, clinical history, and patient inclusion criteria varied somewhat among the studies, making it difficult to compare study results and draw definitive conclusions about relative efficacy.

1.7 It is unclear whether the benefits achieved by DN in terms of pain relief and improved function are of sufficient magnitude to outweigh the potential discomfort of a needle insertion and manipulation, particularly compared with other noninvasive treatments.

1.8 As it relates to other indications for us of dry needling, the overall body of evidence evaluated indicates DN is safe and well tolerated in adults with headache/migraine, jaw muscle pain, LBP, shoulder pain, or knee pain. Within each indication, the studies varied in terms of patient inclusion criteria, DN treatment protocols, active comparators, and concomitant use (or not) of other therapies (e.g., PT, medications), making it difficult to compare study results and draw definitive conclusions about relative efficacy. Furthermore, the underlying cause and type of pain often varied within an indication (acute versus chronic, surgical versus traumatic). Importantly, standardized methods for confirming pain originating from trigger points remain to be defined. Therefore, while results suggest that DN might be beneficial for some patient populations, there is insufficient evidence to provide definitive conclusions regarding the efficacy of DN.

Applicable Coding

CPT Codes

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

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

HCPCS Codes

No applicable HCPCS codes

Vendors

- **Personify**
- **HPS**

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Review/Revision/Approval History	
Date	Description
07/10/2024	**New Policy**
04/27/2026	**Reviewed and approved by Mountain Health CO-OP Policy Committee**

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