

Dry Needling

Policy MP-059

Origination Date: 07/22/2020

Reviewed/Revised Date: 06/18/2025

Next Review Date: 06/18/2026

Current Effective Date: 06/18/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the “Policy” section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member’s plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

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 trauma to the muscle tissue. This procedure, also known as dry needling or trigger-point acupuncture, does not involve the administration of injectable therapeutic agents.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans does NOT cover dry needling for any indication as it is considered investigational, since current published literature is insufficient to determine proven benefit.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

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.

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.

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.

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.

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.

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.

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.

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.

Multiple research studies support short-term and/or immediate effect on pain and functional outcomes; multiple systematic reviews, as recent as 2024, have concluded that dry needling is more effective in the short term for decreasing pain when compared to sham or placebo treatment. However, there is still currently weak evidence for dry needling effect on functional outcomes or quality of life. The evidence to support dry needling in the long term for decreasing pain or improving functional outcomes is currently lacking because no previous reviews have included evidence of long-term effects. This is consistent with the most recent literature as the majority states long-term effects need to be assessed and are currently lacking.

Applicable Coding

CPT Codes

Non-Covered 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

References:

1. Blackwell DL, Villarroel MA. Tables of Summary Health Statistics for U.S. Adults: 2015 National Health Interview Survey. National Center for Health Statistics. National Center for Health Statistics (NCHS); 2016.
2. Chys, M., K. De Meulemeester, I. De Greef, C. Murillo, W. Kindt, Y. Kouzouz, B. Lescroart and B. Cagnie (2023). "Clinical Effectiveness of Dry Needling in Patients with Musculoskeletal Pain-An Umbrella Review." *J Clin Med* 12(3).
3. Cossarizza, A., et al. (2019). "Guidelines for the use of flow cytometry and cell sorting in immunological studies (second edition)." *Eur J Immunol* 49(10): 1457-1973.
4. Demeco A, de Sire A, Salerno A, Marotta N, Palermi S, Frizziero A, Costantino C. Dry Needling in Overhead Athletes with Myofascial Shoulder Pain: A Systematic Review. *Sports*. 2024 Jun 5;12(6):156.
5. Fan AY, Xu J, Li YM. Evidence and expert opinions: dry needling versus acupuncture (I): the American Alliance for Professional Acupuncture Safety (AAPAS) White Paper 2016. *Chin J Integr Med*. 2017;23(1):3-9.
6. Forogh B, Ghaseminejad Raeini A, Jebeli Fard R, Mirghaderi P, Nakhostin-Ansari A, Nakhostin-Ansari N, Bahari H, Hoveidaei AH. Efficacy of trigger point dry needling on pain and function of the hip joint: a systematic review of randomized clinical trials. *Acupuncture in Medicine*. 2024 Apr;42(2):63-75.

7. Gattie E, Cleland JA, Snodgrass S. The effectiveness of trigger point dry needling for musculoskeletal conditions by physical therapists: a systematic review and meta-analysis. *J Orthop Sports Phys Ther.* 2017;47(3):133-149.
8. Global Burden of Disease (GBD). Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet.* 2016;388(10053):1545-1602.
9. Hayes Inc., "Acupuncture for the Treatment of Allergic Rhinitis". Archived: May 18, 2021. Accessed: July 11, 2021.
10. Hayes, Inc. (2021) Health Tech Assess. "Acupuncture for the Treatment of Allergic Rhinitis". Annual Review: May 25, 2023. Accessed: July 6, 2023. Available at: <https://evidence.hayesinc.com/report/dir.rhinitis5046>
11. Hayes Inc. (2018) Health Tech Assess. "Acupuncture for Treatment of Fibromyalgia". Annual Review: August 19, 2022. Accessed: July 11, 2021. Available at: <https://evidence.hayesinc.com/report/dir.acupunctfibromyalgia4451>
12. Hayes Inc., Health Tech Assess. "Dry Needling for Mechanical Neck and/or Trapezius Muscle Pain in Adults". Annual Update: May 18, 2023.. Accessed on: July 6, 2023. Available at: <https://evidence.hayesinc.com/report/dir.needling2835>
13. Hayes Inc., Health Tech Assess. "Dry Needling for Indications Other Than Neck or Trapezius Muscle Pain in Adults". Annual Update: June 29, 2023. Accessed on: July 6, 2023. Available at: <https://evidence.hayesinc.com/report/dir.dryneedling4026>
14. Hayes Inc., "Evidence Analysis Research Brief. Dry Needling for Pelvic Floor Muscle Dysfunction or Pain". Last update: June 23, 2021. Accessed: July 6, 2023. Archived: July 23, 2022.
15. Hayes Inc. (2023). Health Tec Assess. "Dry Needling for Knee Osteoarthritis in Adults". Annual Review: June 18, 2024. Accessed: June 11, 2025. Available at: <https://evidence.hayesinc.com/report/dir.dryneedling4026>
16. Koppenhaver S, Embry R, Ciccarello J, et al. Effects of dry needling to the symptomatic versus control shoulder in patients with unilateral subacromial pain syndrome. *Man Ther.* 2016;26:62-69.
17. Kroft, S. H., et al. (2021). "Laboratory Workup of Lymphoma in Adults: Guideline From the American Society for Clinical Pathology and the College of American Pathologists." *Arch Pathol Lab Med* 145(3): 269-290.
18. Leon-Hernandez JV, Martin-Pintado-Zugasti A, Frutos LG, Alguacil-Diego IM, de la Llave-Rincon AI, Fernandez-Carnero J. Immediate and short-term effects of the combination of dry needling and percutaneous tens on post-needling soreness in patients with chronic myofascial neck pain. *Braz J Phys Ther.* 2016;20(5):422-431.
19. Lew, J., J. Kim and P. Nair (2021). "Comparison of dry needling and trigger point manual therapy in patients with neck and upper back myofascial pain syndrome: a systematic review and meta-analysis." *J Man Manip Ther* 29(3): 136-146.
20. Mahmoudzadeh A, Rezaeian ZS, Karimi A, Dommerholt J. The effect of dry needling on the radiating pain in subjects with discogenic low-back pain: a randomized control trial. *J Res Med Sci.* 2016;21:86.
21. Mason JS, Crowell M, Dolbeer J, et al. The effectiveness of dry needling and stretching vs. stretching alone on hamstring flexibility in patients with knee pain: a randomized controlled trial. *Int J Sports Phys Ther.* 2016;11(5):672-683.
22. Forogh B, Ghaseminejad Raeini A, Jebeli Fard R, Mirghaderi P, Nakhostin-Ansari A, Nakhostin-Ansari N, Bahari H, Hoveidaei AH. Efficacy of trigger point dry needling on pain and function of the hip joint: a systematic review of randomized clinical trials. *Acupuncture in Medicine.* 2024 Apr;42(2):63-75.
23. Mousavi-Khatir SR, Fernandez-de-Las-Penas C, Saadat P, Javanshir K, Zohrevand A. The Effect of Adding Dry Needling to Physical Therapy in the Treatment of Cervicogenic Headache: A Randomized Controlled Trial. *Pain Medicine.* 2022 Mar;23(3):579-89.
24. Perez-Palomares S, Olivan-Blazquez B, Perez-Palomares A, et al. Contribution of dry needling to individualized physical therapy treatment of shoulder pain: a randomized clinical trial. *J Orthop Sports Phys Ther.* 2017;47(1):11-20.
25. Ratmansky M, Minerbi A, Kalichman L, et al. Position statement of the Israeli Society for Musculoskeletal Medicine on intramuscular stimulation for myofascial pain syndrome-a Delphi process. *Pain Pract.* 2017;17(4):438-446.
26. Rodriguez-Mansilla J, Gonzalez-Sanchez B, De Toro Garcia A, et al. Effectiveness of dry needling on reducing pain intensity in patients with myofascial pain syndrome: a meta-analysis. *J Tradit Chin Med.* 2016;36(1):1-13.
27. Segura-Orti E, Prades-Vergara S, Manzaneda-Pina L, Valero-Martinez R, Polo-Traverso JA. Trigger point dry needling versus strain-counterstrain technique for upper trapezius myofascial trigger points: a randomised controlled trial. *Acupunct Med.* 2016;34(3):171-177.
28. Forogh B, Ghaseminejad Raeini A, Jebeli Fard R, Mirghaderi P, Nakhostin-Ansari A, Nakhostin-Ansari N, Bahari H, Hoveidaei AH. Efficacy of trigger point dry needling on pain and function of the hip joint: a systematic review of randomized clinical trials. *Acupuncture in Medicine.* 2024 Apr;42(2):63-75.
29. Stieven FF, Ferreira GE, Wiebusch M, de Araújo FX, da Rosa LH, Silva MF. Dry needling combined with guideline-based physical therapy provides no added benefit in the management of chronic neck pain: a randomized controlled trial. *Journal of Orthopaedic & Sports Physical Therapy.* 2020 Aug;50(8):447-54.
30. UpToDate®. "Acupuncture". Literature review current through: June 2021. Last topic updated: Oct 27, 2020. Accessed: July 11, 2021.
31. Velázquez-Saornil J, Ruíz-Ruiz B, Rodríguez-Sanz D, Romero-Morales C, López-López D, Calvo-Lobo C. Efficacy of quadriceps vastus medialis dry needling in a rehabilitation protocol after surgical reconstruction of complete anterior cruciate ligament rupture. *Medicine (Baltimore).* 2017;96(17):e6726.

32. Wong AY, Karppinen J, Samartzis D. Low back pain in older adults: risk factors, management options and future directions. *Scoliosis Spinal Disord.* 2017;12:14.
33. Yeganeh Lari A, Okhovatian F, Naimi S, Baghban AA. The effect of the combination of dry needling and met on latent trigger point upper trapezius in females. *Man Ther.* 2016;21:204-209.
34. Ziaiefar M, Arab AM, Nourbakhsh MR. Clinical effectiveness of dry needling immediately after application on myofascial trigger point in upper trapezius muscle. *J Chiropr Med.* 2016;15(4):252-258.

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) 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 of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association