Medica Coverage Policy

Policy Name: Trigger Point Dry Needling
Effective Date: 7/1/2017

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Trigger point dry needling is investigative and therefore NOT COVERED.

Description
Trigger point dry needling (also referred to as intramuscular stimulation or IMS) utilizes thin, solid filament needles that are inserted directly into myofascial trigger points (MTPs). The word “dry” indicates that nothing is injected through the needles. Trigger points, also known as muscle knots, are hyperirritable spots in skeletal muscle that cause pain. It is thought that when the needle hits a trigger point it causes a local twitch response in the muscle which releases the muscle tension and pain.

Dry needling is being studied to treat a variety of indications, including myofascial pain, headache or migraine, back pain and painful shoulder conditions.

FDA Approval
Dry needling is a procedure and therefore not regulated by the FDA. Dry needling is performed using acupuncture needles. Many needles have been cleared through the Center for Devices and Radiological Health (CDRH) 510 (k) Premarket Notification process.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
20999 - Unlisted procedure, musculoskeletal system

Original Effective Date: 5/1/2003

Re-Review Date(s):
2/15/2005
3/18/2008
3/21/2011
3/19/2014
4/19/2017