

## Dry Needling, Medical 173

### Table of Content

[Description & Definitions](#)[Criteria](#)[Document History](#)[Coding](#)[Special Notes](#)[References](#)[Keywords](#)[Implementation](#) 7/1/2025[Next Review Date](#) 4/2026[Coverage Policy](#) Medical 173[Version](#) 4

**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.**

### Description & Definitions:

Dry needling uses small dry (does not inject liquid) needles that are inserted into trigger points through the skin that are in either muscle or tissue. This treatment can be used for muscle pain and dysfunction.

**\*\*Note:** Dry Needling is not to be confused with acupuncture which is a healing technique that uses needles that are inserted into points (not necessarily trigger points) along meridian lines that represent different organs. Dry needling uses medical evidence-based guideline recommendations while acupuncture is used to alter a person's energy flow using ancient Chinese medicine practices.

### Criteria:

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

### Document History:

Revised Dates:

- 2023: July

Reviewed Dates:

- 2025: April – Implementation date of July 1, 2025. No changes references updated.
- 2024: April
- 2022: May
- 2021: May

Effective Date:

- June 2020

## Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s).
20561	Needle insertion(s) without injection(s); 3 or more muscles.

U.S. Food and Drug Administration (FDA) - approved only products only.

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.*

## Special Notes: \*

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services

(DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Code of Federal Regulations. Title 21 Chapter I Subchapter H Part 880 Subpart F § 880.5580. Title 21 Chapter last amended 2.25.2025. Retrieved 3.24.2025. <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-880/subpart-F/section-880.5580>

FDA Executive Summary Prepared for the June 3-4, 2021 Meeting of the Neurological Devices Advisory Panel Classification of Electro-Acupuncture Stimulators Product Code: BWK. Retrieved 3.24.2025. <https://www.fda.gov/media/149639/download>

Hayes. A symplr Company. Dry Needling for Knee Osteoarthritis in Adults. Health Technology Assessment. Annual Review: Jun 18, 2024. Retrieved 3.24.2025. <https://evidence.hayesinc.com/report/dir.dryneedling4026>

Hayes. A symplr Company. Evidence Analysis Research Brief Nov 15, 2022. Dry Needling of Painful Myofascial Trigger Points in Adults. Retrieved 3.24.2025. <https://evidence.hayesinc.com/report/earb.dryneedling5466>

Hayes. A symplr Company. Health Technology Assessment. Annual Review: May 13, 2024. Dry Needling for Mechanical Neck and/or Trapezius Muscle Pain in Adults. Retrieved 3.24.2025. <https://evidence.hayesinc.com/report/dir.needling2835>

Centers for Medicare and Medicaid Services. CMS.gov. NCD Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) Version 1. 6.24.2020. Retrieved 3.24.2025. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=373>

Centers for Medicare and Medicaid Services. CMS.gov. Pain Management - Injection of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels. L33622. 10.1.2015. Retrieved 3.24.2025. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33622&ver=35&=>

Centers for Medicare and Medicaid Services. CMS.gov. LCD Reference Article Billing and Coding Article. Billing and Coding: Pain Management - injection of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels. A52863. 10.1.2024. Retrieved 3.24.2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52863&ver=55&=>

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual. Retrieved 3.24.2025. <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=dry%20needling&gsc.sort=>

Commonwealth of Virginia. Department of Medical Assistance Services. Procedure Fee Files & CPT Codes. 2025. Retrieved 3.24.2025. <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

National Comprehensive Cancer Network. Retrieved 3.24.2025 <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=dry%20needling>

Carelon Medical Benefits Management clinical appropriateness guidelines and cancer treatment pathways. Physical Therapy, Occupational Therapy, and Speech Therapy 2024-04-14. Retrieved 3.24.2025. <https://guidelines.carelonmedicalbenefitsmanagement.com/physical-therapy-occupational-therapy-and-speech-therapy-2024-04-14/>

American Physical Therapy Association. Dry Needling. 2025. Retrieved 3.24.2025. <https://www.apta.org/patient-care/interventions/dry-needling>

Chys, M., De Meulemeester, K., De Greef, I., Murillo, C., Kindt, W., Kouzouz, Y., Lescroart, B., & Cagnie, B. (2023). Clinical Effectiveness of Dry Needling in Patients with Musculoskeletal Pain-An Umbrella Review. *Journal of clinical medicine*, 12(3), 1205. Retrieved 3.24.2025. <https://doi.org/10.3390/jcm12031205>

MCG Informed Care Strategies. 28<sup>th</sup> Edition. 2024. Retrieved 3.25.2025. <https://careweb.careguidelines.com/ed28/index.html>

### Keywords:

SHP Dry Needling, SHP Medical 173, trigger points, muscle pain