



Dry Needling in Athletic Training

Dry Needling

Dry needling involves the use of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Dry needling is a treatment technique that has been utilized by physiotherapists in the United States since 1984. Since that time, there has been a significant increase in dry needling certification programs and continuing education courses.

Athletic Training State Practice Acts

Currently, there is no profession-wide standard that defines athletic trainer competence in dry needling. Prior to performing dry needling, athletic trainers must ensure their state practice act does not prohibit them from performing dry needling as part of the athletic training plan of care. Additionally, athletic trainers must satisfy any requisite educational and training necessary to provide dry needling. Athletic trainers may have to produce evidence of appropriate training and demonstrate knowledge and competency in dry needling.

Commercial Insurance Coverage

Athletic trainers who wish to bill a third-party payer for dry needling should first check the insurer's policy to determine if dry needling is a covered service and which code to use when billing for the service. There is no guarantee that insurers will cover the service, as many insurers consider dry needling to be experimental or investigational. Self-pay (by the patient) may be the only way to get reimbursed for dry needling services. Reimbursement for dry needling remains unresolved, and varies widely from state to state.

CPT Coding

If the insurer does not have a policy which specifies the CPT code to use, it is recommended that athletic trainers use the unlisted physical medicine/rehabilitation service or procedure code (CPT code 97799).

For more information, contact:

Amy Callender, Director of Government Affairs for NATA, at (972) 532-8853 or amyc@nata.org.

For more information, please visit: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458928/> and <http://www.jospt.org/doi/full/10.2519/jospt.2013.0505?code=jospt-site>