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ACA and APTA Collaborate on Dry Needling Code

By Annette Bernat

Following a successful nine-year collaboration between the American Chiropractic Association (ACA) and the American Physical Therapy Association (APTA), a new CPT® code for dry needling will likely be available to providers sometime in 2019, paving the way potentially for proper reimbursement, national standards and a greater understanding of how this relatively new modality helps patients in pain.

ACA and APTA representatives appeared in September in Boston before the American Medical Association (AMA) CPT Panel, where they together presented an application for the dry needling code that was eventually accepted. Their partnership was formed in 2009, when representatives to the CPT panel for both groups agreed that a dry needling code describing a widely used procedure was needed to enable chiropractors and physical therapists to more accurately describe their services.

In addition to potentially improving reimbursement for dry needling (many patients must pay cash for the service), the new CPT code will enable the healthcare industry to better examine the overall utilization of dry needling and its associated outcomes by collecting data via the code. “It’s another tool in your chest to help people,” adds Leo Bronston, DC, ACA’s representative to the CPT panel.

A Team Effort

Dr. Bronston underscores that obtaining the CPT code was a team effort from the start. It was also an initiative that required quick thinking and compromise. Some in the acupuncture profession initially opposed the ACA/APTA proposal because they believe dry needling is essentially acupuncture by a different name.

However, while dry needling, like acupuncture, involves placing needles underneath the skin, there are differences between the two approaches. According to the ACA Council on Chiropractic Acupuncture’s position statement on the topic, “Dry needling involves the use of solid needles to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike traditional trigger point injections, dry needling does not use any type of anesthetic.”

Meanwhile, according to the Mayo Clinic, “Traditional Chinese medicine explains acupuncture as a technique for balancing the flow of energy or life force — known as chi or qi (chee) — believed to flow through pathways (meridians) in your body. By inserting needles into specific points along these meridians, acupuncture practitioners believe that your energy flow will re-balance.”

On the day of the hearing before the AMA CPT panel, two proposals were presented: one – submitted by ACA and APTA – placed dry needling under the CPT Physical Medicine category (describing the procedure as a non-time-based code), and the other – supported by outside acupuncture groups–placed Trigger Point Acupuncture under the Acupuncture category (acupuncture is a time-based code).

The AMA panel recognized the applications were very similar and asked all three groups, with the help of a facilitator, to come back the next day with a compromise. That night, a third option was drafted that placed dry needling under the Surgery codes, as non-time based, and cross referenced it under the Physical Medicine and Acupuncture sections so coders would find it. It's important to note that not all CPT codes under the Surgery section describe surgery as it is commonly understood. According to Dr. Bronston, CPT will occasionally place procedures in sections where doctors/coders will most conveniently find them (diagnostic colonoscopy, for example, is in the Digestive System surgery section). Acknowledging that dry needling (and Trigger Point Acupuncture) is not a time-based intervention, the acupuncture representatives agreed to the compromise.

Next: Valuing the Code

With the dry needling CPT code accepted, the next steps before publication are data collection and valuation. “Now the code must go through the [RVS Update Committee, or RUC] and get valued. They need to determine what is involved in doing the work, which includes determining the value of pre-service, intra-service and post service work and supplies,” explained Dr. Bronston.

As part of this process, a survey will be sent out later this year to ACA and APTA members, so they can contribute information that will be used to value the code. Among ACA members, it is expected that primarily chiropractic acupuncturists will take the survey, as many of them currently do dry needling.

Bronston adds that he would like to see ACA and APTA continue to collaborate in the future, especially in the development of training standards for dry needling, as no national standards currently exist. Gary Estadt, DC, president of the ACA Council on Chiropractic Acupuncture, explains that training requirements for dry needling vary from state to state, with most states requiring about 25 to 50 hours of training.

“The new dry needling CPT code will allow doctors to more accurately describe the procedure that they are performing. Assigning a CPT code to DN takes into account the amount of work that is required to both assess and perform the procedure. I believe that it will lead to more uniformity in treatment, which is beneficial for the patient,” Dr. Estadt said.

And although, at this time, evidence supporting dry needling is “moderate,” according to Dr. Estadt, the ongoing opioid epidemic and the need for non-drug treatment alternatives for pain makes the therapy another important option for doctors and patients seeking to avoid prescription pain medications. “As practitioners are looking at non-pharmacologic methods of treating pain, dry needling is proving to be a viable asset.