



*State of Louisiana*  
*Department of Health and Hospital*  
***Louisiana Physical Therapy Board***  
104 Fairlane Drive, Lafayette, Louisiana 70507  
Office 337-262-1043 FAX 337-262-1054

March 25, 2014

Re: Letter of Information regarding Dry Needling

Dear Licensee,

In 2013, the Louisiana Physical Therapy Board ("Board") was contacted by the Louisiana State Board of Medical Examiners ("Medical Board") on the issue of dry needling. The Board participated in informal discussions with the Medical Board to discuss the Medical Board's issues and concerns. The Board was willing to work with the Medical Board to create policy and legislation that would satisfy both parties. On February 3, 2014, the Board received a letter from the Medical Board. Therein the Medical Board stated that in their view "dry needling constitutes the practice of medicine, is beyond the lawful scope of PT practice as authorized by current law, and should only be performed by a physician or an acupuncturist's assistant." In the letter the Medical Board informed the Board that they intend to address the issue of dry needling. The Medical Board did not specify how they intend to address the issue.

Following receipt of the February 3<sup>rd</sup> letter, the Board received a telephone call from an attorney with the Louisiana Senate Health and Welfare Committee researching Physical Therapy Rules on the issue of dry needling. Shortly thereafter the Board discovered that the Medical Board had contacted insurance payers to determine whether dry needling was covered and to determine the appropriate CPT codes under which to bill for dry needling. The Medical Board acted yet again when it formally requested an Attorney General Opinion on the issue of dry needling on or about March 17, 2014. Finally, on March 19, 2014, the Board became aware of Senate Concurrent Resolution No. 22. This Resolution directs the Department of Health and Hospitals to create the Practice and Regulation of Acupuncture and Oriental Medicine Review Committee. While the Resolution does not directly impact dry needling, any bills put forth before the Louisiana State Legislature have the potential of indirectly impacting the practice if voted into law.

It is clear that the Medical Board's intent is to lessen the scope of Physical Therapy. It is further evident that in its attempts to do so, the Medical Board is threatening the practice and financial income of Physical Therapists already established in the practice of dry needling. Please know that it is lawful to practice dry needling in accordance with the

Practice Act and Board Rules. LAC 46 LIV.311, Treatment with Dry Needling, was lawfully promulgated by the Board and does not conflict with state law. The Board will defend dry needling as it is a modality that falls within the scope of physical therapy and is commonly used in practice. In preparation of further action taken by the Medical Board that would threaten dry needling and prevent physical therapists from practicing this skill, the Board has done the following:

- ◆ The Board has contracted with attorneys who are monitoring the situation and are prepared to take action when necessary.
- ◆ The Board is working with the American Physical Therapy Association (APTA) as dry needling has been challenged in other states.
- ◆ The Board communicated with the APTA on the issue of dry needling, coding, and payment. Attached to this letter please find the APTA's official statement on the issue. It is the recommendation of the Board that Physical Therapists who utilize dry needling in their practice follow the APTA recommendations.
- ◆ The Board is working with the Louisiana Physical Therapy Association (LPTA) to monitor and educate Louisiana State Legislators.
- ◆ The Board has contacted the Attorney General's office and submitted a public records request to obtain a copy of the Medical Board's formal request for an Attorney General's opinion. It is the Board's intent to prepare and submit a legal memorandum in response.

The Board asks for your assistance in this matter. If you receive a legal notice pertaining to dry needling, or are questioned by an insurance payer on the issue of dry needling, please notify the Board as soon as possible. Furthermore, if you possess any information that may aid the Board in its defense of the scope and practice of physical therapy, please contact the Board office. Successfully defending the practice of Physical Therapy will depend in large part on the support received from Physical Therapists, Physical Therapist Assistants, patients, and others positively impacted by dry needling and the practice of Physical Therapy. We appreciate your support in this matter.

Sincerely,

Charlotte F. Martin  
Executive Director  
Louisiana Physical Therapy Board

By electronic mail and United States Postal Service

# OFFICIAL STATEMENT

1111 North Fairfax Street  
Alexandria, VA 22314-1488  
703 684 2782  
703 684 7343 fax  
www.apta.org

## Billing of Dry Needling by Physical Therapists

In recent years, APTA has been asked by various state regulatory entities to comment on whether or not dry needling is consistent with the physical therapist scope of practice.

Dry needling is a skilled intervention provided by physical therapists that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular tissues, and connective tissues for the management of neuromuscular pain and movement impairments. Dry needling is part of the physical therapist professional scope of practice and has been recognized as being part of the legal scope of practice in a majority of states.

It is been brought to our attention that there is question as to how this intervention should be coded and billed; specifically whether dry needling services should be billed utilizing the CPT code 97140 (manual therapy). There are many differences between the terms and description of *practice* by a physical therapist, and the description of categories of how such services should be coded and billed for *payment*. It is important for practitioners to be cognizant of the descriptors and nomenclature of the CPT code set that is maintained by the American Medical Association (AMA) through the Current Procedural Terminology (CPT) Editorial Panel. The CPT code set provides a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby serves as an effective means for reliable communication among physicians, qualified health care professionals, patients, and third parties.

Practitioners who seek to bill any third party payer should first check the payer's coverage policy to determine if dry needling is a covered service and if the policy specifies which code is used to report the service. Absent a specific payer policy, the use of CPT code 97140 for the performance of dry needling should **not** be utilized. The CPT code 97140, published in 1998, represents a collapsing of five other CPT codes that were published prior to 1998. The codes that were collapsed and services that were represented prior to the publication of 97140 included; soft tissue mobilization, joint mobilization, manipulation by a physician, initial area, and each additional area, and manual traction. Currently, there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by AMA in their process to establish relative value units.

CPT specifically states to select the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted physical medicine/rehabilitation service or procedure code 97799.