Dry Needling Training and Education Standards - KPTA
Frequently Asked Questions – August 2017
Based on K.A.R. 100-29-___, published at Vol. 36, No. 17, April 27, 2017 Register

1. What is dry needling?

   "Dry needling" is a skilled intervention that a licensed physical therapist may perform if trained according to regulations of the licensing board. The intervention uses a thin filiform needle which penetrates into or through the skin to stimulate underlying myofascial trigger points or muscular or connective tissues. The purpose is for the management of neuromuscular pain or movement impairments. [KSA 65-2901(f)] Dry needling is sometimes referred to as "functional dry needling" or "FDN." The State Board of Healing Arts adopted regulations, effective May 12, 2017 to establish rules for education and practice of physical therapists who wish to perform dry needling.

2. Is dry needling the same as acupuncture?
   a. While the two services use the same or similar devices, dry needling as performed by physical therapists is based upon physical therapy education and training. Acupuncture is intended to control and regulate the flow and balance of energy in the body and stimulating the body to restore itself to its proper functioning and state of health.
3. May performance of dry needling be delegated to assistive personnel, which includes physical therapist assistants? (100-29-18i)
   a. No.

4. What type of training must a physical therapist complete to perform dry needling? (100-29-18b)
   a. Either obtain dry needling training as part of graduate or post-graduate education,
      –OR-
   b. Successfully complete a dry needling course approved by the State Board of Healing Arts. The following entities have standards that are similar to the Board's standards, and if a program is approved by one of these organizations, that program might already be Board approved, or a request for approval might be granted:
      i. Commission on Accreditation in Physical Therapy Education;
      ii. American Physical Therapy Association;
      iii. State Chapters of the American Physical Therapy Association;
      iv. Specialty groups of the American Physical Therapy Association; or Federation of State Boards of Physical therapy.
5. What content should be included in a course to be approved? (100-29-18c)
   a. Anatomical review for safety and effectiveness;
   b. Indications and contraindications for dry needling;

c. Evidence-based instruction on the theory of dry needling practice;
d. Sterile needle procedures which shall include one of the following standards:
    i. The US Centers for Disease Control and Prevention; or
    ii. The US Occupational Safety and Health Administration,
e. Blood-borne pathogens;
f. Post-intervention care, including an adverse response or emergency;
g. Assessment of the physical therapist's dry needling technique and psycho-motor skills, and
h. Taught by a licensed healthcare provider, whose scope of practice includes dry needling, and has been performing dry needling for a minimum of two (2) years.

6. May I attend a dry needling course where some of the instructors are chiropractors and acupuncturists? (100-29-18d)
    a. Board regulations require dry needling course instructors to be a licensed healthcare provider in the jurisdiction where that person practices. Because dry needling by a physical therapist is integrated with that physical therapist's professional practice, we believe that the instructors of dry needling for physical therapists should be physical therapists. They will best understand your personal and professional scope of practice.

7. If a physical therapist chooses to take a successive course in dry needling, are there any requirements? (100-29-18g)
    a. Each physical therapist is required to complete 200 dry needling sessions before taking a successive course.
    b. We recommend that you start a log of treatment sessions where dry needling was performed immediately following completion of your course.

8. As a PT who provides dry needling within their practice, I might insert a needle into multiple trigger points within several tissues (muscle, fascia, connective tissue) during the same treatment session to treat pain and correct faulty movement or posture. Should I record this on my log as the # of tissues I treated or as a single treatment?
    a. It has been suggested by a reputable national and international dry needling CE provider, the best practice defines a dry needling session as…. "one subject patient/ with a goal of 3-4 muscles treated per session". While the 200 sessions requirement appears arbitrarily established, it is what the Board of Healing Arts requires by regulation to become qualified to take the next advanced course. Ultimately, it is up to the clinician to prove their competency through their education, training and practice if so required by the Board.

9. What is the definition of "foundation-level education" versus "advanced-level education?"
    a. The Board of Healing Arts did not define those levels of education. We understand the regulation's use of the phrase 'successive course' suggests the foundation-level education to mean the basic education and training in dry needling that is

necessary to instruct in the required course components, and advanced-level education means training beyond the basic skills level and includes learning treatment of the high-risk areas such as the abdomen, groin, anterior neck, or around the rib cage.

10. What should the Informed Consent consist of? (100-29-19)
    a. The physical therapist must obtain the patient's written informed consent before the physical therapist performs dry needling.
    b. Consent shall include, at a minimum, the following:
        i. The patient's signature;
        ii. The risks and benefits of dry needling;
        iii. A diagnosis for which the physical therapist is performing dry needling;
            1. Can be either a medical diagnosis or a PT diagnosis since the regulations do not specify one or the other. That way we can perform dry needling on direct access patients for whom we do not have a *medical* diagnosis.
        iv. The physical therapist shall notify the patient of the anatomical region(s) of training obtained by the physical therapist;
        v. Informed consent is required for each separate anatomical region
        vi. Signed informed consent must be kept in the patient's treatment record;
        vii. A statement included in the consent that the procedure being performed is dry needling, as defined by the physical therapy practice act.

11. Is there any specific note that needs to be documented in the patient's chart for dry needling?
    a. Each dry needling session shall be documented in the physical therapist's patient record. The minimal requirements for documenting dry needling are in addition to and not in place of normal physical therapy notes, and include at least the following information:
        i. The anatomical region treated;
        ii. The manner in which the patient tolerated the treatment; and
        iii. The clinical outcome of the treatment.

12. How do we define "outcome" of the treatment? (100-2920c)
    a. Outcome defines the end-result of your dry needling, which can include increased mobility, decreased pain, or other effect of the service, based on your initial findings and subsequent assessment. This should also include any neutral or negative consequence, such as the occurrence of an event known to be a risk of dry needling.

13. The regulation states that I need to have my patient sign a separate informed consent for each anatomical region treated using dry needling. How do you define "anatomical region"?
    a. We suggest using the International Classification of Functioning (ICF) to distinguish between the six different anatomical regions.
        i. Head, neck, trunk, back, upper extremities, and lower extremities.
    b. May the separate informed consents be included in a single document?
        i. The regulation does not require a separate document for each region. A physical therapist may use separate documents if desired. If the informed consent for each region is combined into a separate document, the requirement for a separate consent would be satisfied if, for each region, the risks unique to the region are identified and the patient signs for each region.
    c. Do I need to do a new consent each time I see the patient?
        i. If you are treating the same anatomical region(s) (head, neck, trunk, back, upper extremities, or lower extremities) and for the same diagnosis, then you do not require a new consent.
        ii. If you are treating a new anatomical region or if the diagnosis has changed since the original consent was signed, then you will need to obtain a new consent.

14. What constitutes a "patient treatment session"?
    a. K.A.R. 100-29-20 requires a specific procedure note for each dry needling session. The context in which the term "session" is used suggests it is synonymous with a patient "visit." Documentation for that visit must include identification of each anatomical region, how the patient tolerated the procedure, and the clinical outcome.

15. May the Board of Healing Arts request documentation that the physical therapist has met all the educational requirements for dry needling, per K.A.R. 100-28-18?
    a. Yes, the physical therapist must produce documentation that they have met the educational requirements if the Board or its staff request.
    b. A physical therapist engages in unprofessional conduct by not providing written documentation of required training upon a Board request.

16. How do I bill for dry needling?
    a. An official statement from APTA from 2014 states in part: "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."

17. May I bill the patient directly and charge cash for dry needling?
    a. Again, you will want to first check the payer's coverage policy to determine if dry needling is a covered service and if the policy specified a code that should be used to report the service. If the policy deems the service as non-covered then you must determine if you can charge the patient cash for this service and if there is a specific waiver of liability that the patient must sign for the payer prior to providing the service. It is only at this point that you may charge the patient cash for the service.

       BCBS of Kansas is specific in their policy for Dry Needling, stating "This service should be coded using 97799 to include a description of "dry needling" in the 2400 NTE segment of an electronic submission or box 19 of a CMS-1500 claim form. It is considered experimental/investigational and is a provider write-off unless a Limited Patient Waiver is signed before performance of the service. Use modifier "GA" to demonstrate waiver on file."

       Medicare does not allow use of any code to cover dry needling, and does not reimburse for dry needling. A physical therapist may bill the patient directly. As dry needling is not a covered service for Medicare patients, an ABN form may be used to document the patient's awareness that dry needling is an out-of-pocket service.