
Complementary and Alternative Medicine (CAM) Services Payment Policy

Policy Statement

Complementary and Alternative Medicine (CAM) is defined as non-conventional services that are used together with or in place of conventional medical care.

Scope

This policy applies to:

- ☒ **Medicaid** *excluding Extended Family Planning (EFP)*
- ☐ **INTEGRITY**
- ☐ **Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Covered Services

- Acupuncture Services

Benefit Limitations and Exclusions

- Acupuncture assistants will not be separately reimbursed



- Acupuncture is limited to office settings and is not covered when performed in the home, nursing, residential, domiciliary, or custodial facility
- Acupuncture services are limited to 12 visits per rolling year and are covered for the following diagnoses only:
 - Chronic low back pain
 - Fibromyalgia
 - Chronic Migraine
- Massage therapy services are excluded from coverage
- Exclusion: Any other service not specifically listed as covered. Please see Acupuncture Service Payment Policy for Commercial line of business.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Coding

Below are the approved codes for licensed Acupuncturists:

CPT Code	Description
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules,



coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
11/07/2025	Annual Policy Review Date. Removed chiropractic benefit.
12/11/2024	Updated acupuncture and chiropractic exclusions/limitations
03/11/2024	Annual Policy Review Date. No Content Changes
01/01/2023	Annual Policy Review Date. No Content Changes
11/02/2021	Updated Policy to Include Physiotherapy Coding Table
09/29/2021	Annual Policy Review Date. No Content Changes
07/16/2020	Policy Review Date
07/01/2018	Policy Effective