
Prior Authorization Submission Clarification for Chiropractic Services

November 25, 2025

Neighborhood Health Plan of Rhode Island (Neighborhood) is requesting additional information from chiropractic providers to support accurate and timely review of prior authorization submissions.

When submitting a chiropractic prior authorization request for Medicaid or Commercial members, please indicate in the comments or notes section if the member has already used the initial 12 no-authorization-required visits and the request is for additional services.

- **Example: “Member has used initial 12 visits. Requesting 10 additional visits.”**

Providing this information will allow Neighborhood’s Utilization Management team to determine whether prior authorization is required and to process the request appropriately.

Reminder: As of October 1, 2024, Medicaid and Commercial members [do not need prior authorization for their first 12 chiropractic visits.](#)

Neighborhood is receiving a high volume of chiropractic requests without clarification as to whether:

- The member is within the initial 12 visits, or
- The member has already exhausted those 12 visits and is seeking additional services.

This distinction is necessary for accurate review and claim processing.

For more information on chiropractic services, please refer to the [Chiropractic Services Payment Policy](#).

Neighborhood appreciates your partnership and ongoing dedication to providing high-quality care to our members.

Note: This notice was sent via email on November 25, 2025 to all chiropractic providers registered for Neighborhood’s News and Updates. If you would like to be added to the distribution list, please [click here](#) to sign up.