

Application

Application of this Medical Policy applies to:
RIté Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP), Commercial (HBE)
Application Excluded for:
Extended Family Plan (EFP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Policy Description:

This policy addresses coverage of the following benefits:

1. Acupuncture Services
2. Chiropractic Services
3. In Lieu of Services

See each applicable section for additional guidance.

Acupuncture Services

Description

Acupuncture treatment is a form of complementary and alternative medicine that includes the insertion of metal needles through the skin at certain points on the body, with or without, the use of herbs, an electric current, or heat to the needles and/or skin for pain relief.

Acupuncture services for the INTEGRITY for Duals and Duals CONNECT lines of business is detailed in the “In Lieu of Services” section of this policy.

Coverage Determination

- ☐ The requested acupuncture services are to treat a member’s symptoms related to a diagnosis of:
 - Chronic low back pain (defined by symptoms present for at least 12 weeks)
 - AND/OR**
 - Fibromyalgia **AND/OR**
 - Chronic migraines (defined by 15 or more headaches per month)

Limitations and Exclusions

Applicable Lines of Business:

<input checked="" type="checkbox"/> RIte Care (MED)	<input checked="" type="checkbox"/> Rhody Health Partners (RHP)	<input checked="" type="checkbox"/> Health Benefits Exchange (HBE)
<input checked="" type="checkbox"/> Substitute Care (SUB)	<input checked="" type="checkbox"/> Rhody Health Expansion (RHE)	<input type="checkbox"/> Extended Family Planning (EFP)
<input checked="" type="checkbox"/> Children with Special Health Care Needs (CSN)	<input type="checkbox"/> INTEGRITY for Duals	<input type="checkbox"/> Duals CONNECT

- For MED, SUB, CSN, RHP, & RHE members: The benefit is limited to 12 visits per calendar year.
- For HBE members: The acupuncture benefit is limited to 12 visits per plan year.
- See **General Exclusions and Limitations** section of this policy.

Chiropractic Services

Description

Chiropractic care is a health care profession that focuses on disorders of the musculoskeletal system and nervous system and the effects of these disorders on general health. Chiropractic care is used most often to treat musculoskeletal complaints. The most common therapeutic procedure is known as spinal manipulation which is to restore joint mobility by manually applying a controlled force into joints that have become hypo-mobile as a result of tissue injury. Non-spinal manipulations and adjustments may be utilized as well. A chiropractor uses manipulation, adjustment, physiotherapy,

and support devices in clinical practice. Manual devices (i.e. those that are handheld with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine.

According to Rhode Island General Laws (RIGL) § 5-30-1

"Chiropractic medicine" defined – For the purpose of this chapter, the practice of "chiropractic medicine" is defined as the science and art of mechanical and material healing as follows: the employment of a system of palpating and adjusting the articulations of the human spinal column and its appendages, by hand and electromechanical appliances, and the employment of corrective orthopedics and dietetics for the elimination of the cause of disease; provided, that chiropractic physicians may not write prescriptions for drugs for internal medication nor practice major surgery as defined in chapter 37 of this title.

NOTE: Prior authorization for children under 18 must come from the child's Neighborhood credentialed primary care provider.

Definitions

Subluxation: A partial or incomplete dislocation of a joint. This means that the bones in the joint are not fully aligned but not completely displaced. Symptoms can include pain, discomfort, limited range of motion, clicking/popping sounds, numbness/tingling in the affected area, and a feeling of instability at the joint. Subluxations can be acute or chronic.

- a. Acute: A member's condition is considered acute when they are being treated for new injury.
- b. Chronic: A member's condition is considered chronic when the symptoms persist over time and are not expected to significantly improve or be resolved with further treatment.

Maintenance Therapy: Services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy.

Coverage Determination

Members must meet **all** of the following criteria:

- ☐ Significant musculoskeletal condition requiring treatment is amenable to chiropractic techniques. **AND**
- ☐ Documented level(s) of subluxation with symptoms directly related to the level of subluxation. **AND**
- ☐ An eligible condition such as:
 - a. Acute Subluxation where the result of chiropractic manipulation is expected to be an improvement in, or arrest of progression of the patient's symptoms/condition.
 - b. Chronic subluxation where the result of continued chiropractic manipulation is expected to be some functional improvement.

Limitations and Exclusions

Applicable Lines of Business:

<input checked="" type="checkbox"/> RIte Care (MED)	<input checked="" type="checkbox"/> Rhody Health Partners (RHP)	<input checked="" type="checkbox"/> Health Benefits Exchange (HBE)
<input checked="" type="checkbox"/> Substitute Care (SUB)	<input checked="" type="checkbox"/> Rhody Health Expansion (RHE)	<input type="checkbox"/> Extended Family Planning (EFP)
<input checked="" type="checkbox"/> Children with Special Health Care Needs (CSN)	<input checked="" type="checkbox"/> INTEGRITY for Duals	<input checked="" type="checkbox"/> Duals CONNECT

- For MED, SUB, CSN, RHP, & RHE members: The chiropractic benefit is limited to 12 visits per rolling year. Medically necessary chiropractic services, beyond the annual limit of twelve (12) visits, are subject to prior authorization requirements.
- For HBE members:
 - The chiropractic benefit is limited to 12 visits per plan year.
 - Additional treatment is not covered:
 - When there is no documented improvement after the initial two weeks.
 - After 30 days of modified treatment, is not covered.
- Maintenance therapy is not covered.
- See **the General Exclusions and Limitations** section of this policy.

In Lieu of Services

Description

“In Lieu of Services” are alternative services which Neighborhood Health Plan of RI (Neighborhood) may (but is not required to) provide for members as medically appropriate therapy to be used as substitutes for other state plan services. The Rhode Island Executive Office of Health and Human Services (EOHHS) has approved the following services to be utilized in this way.

When it is determined that the service in question is effective in the treatment of the member’s pain and improves the member’s quality of health, Neighborhood has been granted authorization from EOHHS to cover the below services in lieu of medications or invasive procedures for chronic pain:

- Chiropractic Services
- Acupuncture Services
- Massage Services

AUTHORIZATION IS REQUIRED. Please use the **Neighborhood In Lieu Of Prior Authorization Request Form** to attest for this request. The requesting provider would attest to the fact that the service is being used “in lieu of” the described State Plan Service.

Coverage Determination

Members must meet **all** the following criteria:

- ☐ Member must have chronic pain.
- ☐ Services are being used in lieu of medications and/or invasive procedures.

Limitations and Exclusions for In Lieu Of Services

Applicable Lines of Business:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> RIte Care (MED) | <input checked="" type="checkbox"/> Rhody Health Partners (RHP) | <input type="checkbox"/> Health Benefits Exchange (HBE) |
| <input checked="" type="checkbox"/> Substitute Care (SUB) | <input checked="" type="checkbox"/> Rhody Health Expansion (RHE) | <input type="checkbox"/> Extended Family Planning (EFP) |
| <input checked="" type="checkbox"/> Children with Special Health Care Needs (CSN) | <input checked="" type="checkbox"/> INTEGRITY for Duals | <input checked="" type="checkbox"/> Duals CONNECT |

1. The following benefit limitations apply:
 - a. Chiropractic & Acupuncture Services in lieu of medications or invasive procedures for chronic pain.
 - i. LIMIT OF 12 VISITS PER ROLLING YEAR.
 - b. Massage Services in lieu of medications or invasive procedures for chronic pain.
 - i. LIMIT OF 6 VISITS PER ROLLING YEAR.
 - c. Chiropractic Services in lieu of medications or invasive procedures for chronic pain applies to the INTEGRITY line of business **only**.
2. See **the General Exclusions and Limitations** section of this policy.

General Limitations and Exclusions

1. Services are limited to the office setting and is not covered when performed in the home, nursing, residential, domiciliary, or custodial facilities.
2. Acupuncture Assistants will not be separately reimbursed.
3. Acupuncture must be performed by a physician (MD, DO, or D.AC) who has successfully completed a course offered to physicians that has been approved by the American Board of Medical Acupuncture (ABMA) and meets the Rhode Island Department of Health's requirements for licensure as a doctor of acupuncture set forth in the Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants.
4. Neighborhood does not cover:
 - a. Adjunctive therapy including but not limited to herbs, oriental massage, moxibustion, and cupping.

- b. Acupuncture as an anesthetic during a surgical procedure.
 - c. Acupuncture in lieu of anesthesia.
 - d. Use of precious metal needles (e.g. gold, silver needles).
5. All other services furnished or ordered by chiropractors are not covered. A chiropractor may order an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine or other musculoskeletal problem, and the x-ray can be used for documentation. However, there is no coverage or payment for ordering, performing, or interpreting these images, or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test that is covered, if ordered, taken, and interpreted by a physician who is a Doctor of Medicine or osteopathy.
6. No additional payment will be made for use of manual devices used in chiropractic care, nor for the device itself.
7. Chiropractic services for treatment of non-musculoskeletal conditions are not covered.
8. Chiropractic services for maintenance therapy are not covered.
9. For INTEGRITY for Duals and Duals CONNECT members, the following are noncovered:
 - a. Room/Ward fees for “Intensive Care” treatment. (Under this approach multiple daily visits, as many as four or five in a single day, are given in the office or clinic and so-called room or ward fees are charged since the patient is confined to bed usually for the day.)
 - b. More than one treatment per day.

References:

- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.
- Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual
- Chapter 15 – Covered Medical and Other Health Services.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
- Agency for Healthcare Policy and Research (AHCPR). Chiropractic in the United States: training, practice and research. Publication No. 98-N002. 1997 Dec. Retrieved 5/29/09.
- Vernon, Howard T., DC. *Biological rationale for possible benefits of spinal manipulation*. Chapter X.
<http://www.chiroweb.com/archives/ahcpr/chapter10.htm>

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- Zhang XC, Chen H, Xu WT, Song YY, Gu YH, Ni GX. Acupuncture therapy for fibromyalgia: a systematic review and meta-analysis of randomized controlled trials. J Pain Res. 2019 Jan 30;12:527-542. doi: 10.2147/JPR.S186227. PMID: 30787631; PMCID: PMC6365227.
- American Academy of Family Physicians CME Bulletin. (December 2012). *Fibromyalgia and Pain Management*. Vol 11/No. 2
- Casazza, Brian Am Fam Physician (2012 Feb 15). *Diagnosis and Treatment of Acute Low Back pain*. 85(4):343-350
- Close C et al J Adv Nurse. (2014 Mar 9). *A systematic review investigating the effectiveness of Complementary and Alternative Medicine (CAM) for the management of low back and/or pelvic pain (LBPP) in pregnancy* (Abstract). doi: 10.1111/jan. 12360.
- Kelly, Robert, Am Fam Physician. (2009 Sep 1). *Acupuncture for Pain*. 80(5):481-484.
- Last, A et al American Family Physician. (2009 Jun 15). *Chronic Low Back Pain: Evaluation and Management*. 79(12):1067-1074.
- National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1).
- Pickett, H et al American Family Physician. (2010 Apr 15). *Acupuncture for Migraine Headaches*. 81(8):1036-1037.
- Yancey et al. (2014 April 15). *Chronic Daily Headache: Diagnosis and Management*. American Family Physician. 89(8): 642-648
- Yanju Bao et al. (2014). Evidence Based Complement Alternative Med. 2014; 2014: 170396
Complementary and Alternative Medicine for Cancer Pain: An Overview of Systematic Reviews.
- The following references are from Uptodate. www.uptodate.com
 - Bajwa, Bajwa, MD, Smith, Jonathan, MD. (Reviewed November 2015). *Preventive treatment of migraine in adults*.
 - Strada, E. Alessandra, PhD, MSCP, FT, Portenoy, Russell, MD. (Reviewed November 2015). *Psychological rehabilitative and integrative therapies for cancer pain*.
 - Kemper, Kathi, MD, MPH. (Reviewed November 2015). *Overview of complementary and alternative medicine in pediatrics*.
 - Chou, Roger, MD. (Reviewed November 2015). *Subacute and chronic low back pain: Pharmacologic and non-interventional treatment*.
 - Taylor, Frederick, MD. (Reviewed November 2015). *Tension-type headache in adults: Preventive treatment*.

- Goldberg, Don, MD. (Reviewed November 2015). *Treatment of fibromyalgia in adults not responsive to initial therapies.*

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Number: #073

CMP Cross Reference:

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Annual Review December

Month:

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12/11/24, 10/8/25

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12/11/24, 10/8/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute

**Acupuncture, Chiropractic,
& In Lieu of Services- #073**

Last Reviewed: 10/8/25

medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.