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## Complementary and Alternative Medicine (CAM) Services Payment Policy

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### Policy Statement

Complementary and Alternative Medicine (CAM) services are defined as treatment from a chiropractor, acupuncturist, and/or massage therapist\*.

*\*Insufficient medical necessity criteria is available for massage therapy and therefore is excluded from coverage*

### 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
- 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 [Guidance Summary Grid for CAM Services](#)
- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for additional details.



### Covered Services

- Chiropractic Services
- Acupuncture Services

### Benefit Limitations and Exclusions

- Chiropractic services are limited to 12 visits per rolling year
- 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
- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.

### Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within 90 days of the date services are provided to members.

### Coding

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)
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
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**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.

Neighborhood reserves the right to amend or rescind this temporary policy.

**Document History**

Date	Action
07/16/20	Policy Review Date
07/01/18	Policy Effective