
In Lieu of Services Payment Policy

Policy Statement

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 services identified on this document to be utilized in this way.

Scope

This policy applies to:

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

Prerequisites

Neighborhood may cover the services included in this policy when it is determined that the service in question is effective in the treatment of their pain and improves the member's quality of health. 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.

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 In Lieu of 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 in lieu of medications or invasive procedures for chronic pain
- Acupuncture Services in lieu of medications or invasive procedures for chronic pain.
- Massage Therapy in lieu of medications or invasive procedures for chronic pain.

Benefit Limitations

- Chiropractic services are limited to 12 visits per rolling year
- Acupuncture services are limited to 12 visits per rolling year
- Massage therapy services are limited to 6 visits per rolling year

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
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
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 for Medicaid
01/01/18	Policy Effective for INTEGRITY