

### Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Medicare-Medicaid Plan (MMP) Integrity, Rite Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Needs (CSN), Substitute Care (SUB)
<b>Excluded from Coverage:</b>
Health Benefit Exchange (HBE), Extended Family Plan (EFP)

**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.

1. **Chiropractic Services in lieu of medications or invasive procedures for chronic pain. AUTHORIZATION REQUIRED. LIMIT OF 12 PER ROLLING YEAR.**
2. **Acupuncture services in lieu of medications or invasive procedures for chronic pain. AUTHORIZATION REQUIRED. LIMIT OF 12 PER ROLLING YEAR.**
3. **Massage Therapy in lieu of medications or invasive procedures for chronic pain. AUTHORIZATION REQUIRED. LIMIT OF 6 PER ROLLING YEAR.**

### Coverage Determination:

Neighborhood has been granted authorization from EOHHS to cover the above mentioned services when it is determined that the service in question is an 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.

**Authorization Forms**

Please access Prior Authorization forms by visiting Neighborhood’s website at [www.nhpri.org](http://www.nhpri.org)

1. Go to the section for Providers
2. Click on “Provider Resources”
3. Click on “Forms”- follow to Prior Authorization Request Forms. Forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

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**CMP Cross Reference:** CMP #059 Chiropractic Care  
CMP #065 Acupuncture

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**Revision Dates:** 12/19/19, 1/31/20  
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**Medical Director**  
**Approval Date:** 12/10/19, 12/19/19, 1/31/20, 12/9/20, 12/8/21, 12/7/22  
**Effective Dates:** 12/10/19, 12/19/19, 1/31/20/12/9/20, 12/8/21, 12/7/22

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.

**References:**

**These guidelines are developed with guidance from the RI Medicaid state contract and amendments as well as the Integrity contract between NHP, The State of Rhode Island, and CMS.**