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## In Lieu of Services Payment Policy

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### 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
- Rhode Island Executive Office of Health and Human Services (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 contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association’s Current Procedural Terminology Editorial Panel’s (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

### Coding

**Table 1:** Below are the approved codes for licensed Acupuncturists:

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)

**Table 2:** Below are the approved codes for Massage Therapists. These codes may also be covered by licensed Chiropractors that also hold a Physiotherapy license.

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

**Table 3:** Below are the approved codes for a licensed Chiropractor:

CPT Code	Description
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

**Table 4:** In addition to the codes in Table 2, below are the approved codes for licensed Chiropractors that also hold a Physiotherapy license:

CPT Code	Description
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

<b>97033</b>	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
<b>97034</b>	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
<b>97036</b>	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
<b>97039</b>	Unlisted modality (specify type and time if constant attendance)
<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
<b>97112</b>	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
<b>97113</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
<b>97116</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
<b>97124</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
<b>97129</b>	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
<b>97130</b>	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
<b>97150</b>	Therapeutic procedure(s), group (2 or more individuals)
<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
<b>97535</b>	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
<b>97750</b>	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes

<b>97755</b>	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
<b>G0283</b>	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
<b>S8948</b>	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
<b>S9117</b>	Back school, per visit

### 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.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

### Document History

Date	Action
<b>01/01/2023</b>	Annual Policy Review Date. No Content Changes
<b>11/02/2021</b>	Updated Policy to Include Physiotherapy Coding Table
<b>09/29/2021</b>	Annual Policy Review Date. No Content Changes
<b>07/16/2020</b>	Policy Review Date
<b>07/01/2018</b>	Policy Effective for Medicaid
<b>01/01/2018</b>	Policy Effective for INTEGRITY