

Benefit Coverage

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

Medicare Distinction

For INTEGRITY 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 payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance 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 peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

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 Medicare-Medicaid Plan (MMP) Integrity line 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:

☒ RIte Care (MED)	☒ Rhody Health Partners (RHP)	☒ Health Benefits Exchange (HBE)
☒ Substitute Care (SUB)	☒ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☐ Medicare-Medicaid Plan (MMP) Integrity	

1. For MED, SUB, CSN, RHP, & RHE members: The benefit is limited to 12 visits per rolling year.
2. For HBE members: The acupuncture benefit is limited to 12 visits per plan year.
3. See **General Limitations and Exclusions** 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:

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|---|--|--|
| ☒ Rite Care (MED) | ☒ Rhody Health Partners (RHP) | ☒ Health Benefits Exchange (HBE) |
| ☒ Substitute Care (SUB) | ☒ Rhody Health Expansion (RHE) | ☐ Extended Family Planning (EFP) |
| ☒ Children with Special Health Care Needs (CSN) | ☒ Medicare-Medicaid Plan (MMP) Integrity | |

1. 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.
2. For HBE members:
 - a. The chiropractic benefit is limited to 12 visits per plan year.
 - b. Additional treatment is not covered:
 - i. When there is no documented improvement after the initial two weeks.
 - ii. After 30 days of modified treatment, is not covered.
3. Maintenance therapy is not covered.
4. See **General Limitations and Exclusions** 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:

1. Chiropractic Services
2. Acupuncture Services
3. 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:

- | | | |
|---|--|---|
| ☒ RIte Care (MED) | ☒ Rhody Health Partners (RHP) | ☐ Health Benefits Exchange (HBE) |
| ☒ Substitute Care (SUB) | ☒ Rhody Health Expansion (RHE) | ☐ Extended Family Planning (EFP) |
| ☒ Children with Special Health Care Needs (CSN) | ☒ Medicare-Medicaid Plan (MMP) Integrity | |

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 **General Limitations and Exclusions** 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, 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 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.

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](#).

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Neighborhood reviews clinical medical policies on an annual basis.

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.

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

Last Reviewed: 10/8/25