

Benefit Coverage

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

Acupuncture services for the Medicare-Medicaid Plan (MMP) Integrity line of business is detailed in the “In Lieu of” medical policy.

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.

Coverage Determination

Acupuncture will be covered when 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 for the following diagnoses only:

- Chronic low back pain (Defined by symptoms present for >12 weeks)
- Fibromyalgia
- Chronic migraine (Defined by 15 or more headache days per month)

The acupuncture benefit is limited to 12 visits per rolling year.

Acupuncture assistants will not be separately reimbursed.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood’s website at 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.

Acupuncture therapy requires prior authorization. Prior authorization for children under 18 must come from the child’s Neighborhood credentialed primary care provider. Most acupuncturists who treat children use special techniques, including non-needle methods (e.g., heat, magnets, lasers, and vigorous massage or tapping) to stimulate points along the energy meridians.

Place of service

Acupuncture is limited to office settings and is not covered when performed in the home, nursing, residential, domiciliary or custodial facilities.

Exclusions

- Adjunctive therapy including but not limited to herbs, oriental massage, moxibustion, cupping
- Acupuncture as an anesthetic during a surgical procedure
- Acupuncture in lieu of anesthesia
- Use of precious metal needles (e.g. gold, silver needles)
- Any other service not specifically listed as covered.

CMP Cross Reference: #073 - In Lieu of

Created: 1/6/15
Annual Review Month March
Review Dates: 1/6/2015, 12/15/2015, 12/15/2016, 1/9/18, 11/21/19, 12/19/19, 3/4/20, 3/16/22, 3/8/23, 2/14/24
Revision Dates: 1/6/2015, 12/15/2015, 4/14/2016, 6/30/2016, 12/15/2016, 11/21/19, 12/19/19, 3/4/20
CMC Review Dates 1/6/2015, 1/5/2016, 1/10/2017, 1/9/18, 1/9/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24
Medical Director Approval Dates: 1/6/2015, 1/5/2016, 1/26/2017, 4/12/18, 1/14/19, 11/21/19, 12/19/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24
Effective Dates: 1/6/2015, 1/5/2016, 4/21/2016, 7/01/2016, 1/30/2017, 4/12/18, 1/14/19, 11/21/19, 12/19/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24

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:

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