

Prior Authorization Requirements Removed for Chiropractic Services

October 1, 2024

Effective **October 1, 2024**, Neighborhood Health Plan of Rhode Island (Neighborhood) will no longer require prior authorizations for providers offering chiropractic services to Medicaid and Commercial members. Neighborhood will instead adhere to a member's benefit limit based on their line of business.

Member Benefit Limits

- Medicaid members: 12 visits per rolling year (365 days; ex. October 1, 2024 – September 30, 2025)
 - No authorization required
- Commercial members: 12 visits per calendar/plan year (i.e., January 1, 2024 - December 31, 2024)
 - No authorization required

Please note this update impacts the Medicaid and Commercial lines of business only and does not apply to INTEGRITY (MMP) members.

For more information on chiropractic services, please refer to the following Neighborhood payment policies:

- [Chiropractic Services Payment Policy](#) (Commercial and INTEGRITY [MMP] members)
- [Complementary and Alternative Medicine \(CAM\) Services Payment Policy](#) (Medicaid members)

If you have any questions about this notification, please contact our Provider Services team at 1-800-963-1001.

Note: This notice was sent via email to all chiropractic providers on October 1, 2024.