

Medicaid
Benefit Coverage Summary

Covered Benefit: Medicaid Complementary and Alternative Medicine (CAM)

CMP Published: Yes ☐ No ☒

CPG Published: Yes ☒ No ☐

CPG Link:

Definition: Complementary and Alternative Medicine (CAM) services are defined as treatment from a chiropractor, acupuncturist, and/or massage therapist¹. Use of CAM services must be determined by Neighborhood to be medically necessary to manage chronic pain². These services include:

- **Chiropractic Care:** Chiropractic treatment is covered to restore or improve motion, reduce pain and improve function in a neuromusculoskeletal condition.
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.
- **Acupuncture:** 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, heat to the needles or skin, or both, for pain relief.

Benefit Packages:

Rite Care (MED), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), and ACA Adult Expansion (RHE)

¹ Insufficient medical necessity criteria is available for massage therapy. This service is excluded from coverage.

² Medicaid Contract Amendment 7/1/19

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Coverage Includes:

- Chiropractic Services
- Acupuncture

Coverage Limitations:

- **Chiropractic Care**
 - Treatment is based on medical review
 - Limited to 12 visits per rolling year
- **Acupuncture**
 - Treatment is based on medical review
 - Limited to 12 visits per rolling year
 - Covered for the following diagnoses only:
 - Chronic low back pain
 - Fibromyalgia
 - Chronic Migraine

Exclusions:

- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.³
- **Massage Therapy:** Massage therapy is the scientific manipulation of the soft tissues of the body for the purpose of normalizing those tissues and consists of manual techniques that include applying fixed or movable pressure, holding, and/or causing movement of or to the body. Massage is known to affect the circulation of blood and the flow of blood and lymph, reduce muscular tension or flaccidity, affect the nervous system through stimulation or sedation, and enhance tissue healing.

³ CMS Local Coverage Determination (LCD) L30269

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Table: 1 Configuration:

NOTE: May contain UNLISTED CODES. Please see Notes below table for More Information.

| Description | ICD-10 Diagnosis | ICD-10 Procedure | CPT Code | HCPSC | Comments |
|--------------|---------------------|---------------------|----------------|-------|----------|
| Chiropractic | | | 98940 to 98943 | | |
| Acupuncture | | | 97810 to 97814 | | |

Chief Medical Officer or Designee Signature:

Dr. Christopher S. Ottiano
Medical Director

VERSION HISTORY:

Create Date: 05/20/14

Revision Dates: 9/10/14, 10/20/15, 11/19/15, 5/6/16, 5/7/19, 10/1/19, **10/23/19**