



## **“CAM” & “In Lieu Of” Frequently Asked Questions (FAQs)**

**Q:** What is “CAM”?

**A:** Complementary and Alternative Medicine (CAM) services are benefits defined as treatment from a chiropractor, and/or acupuncturist. Use of CAM services must be determined by Neighborhood to be medically necessary and require authorization (which have predetermined benefit limits). CAM services include Chiropractic and Acupuncture services (see grid below for detailed information).

**Massage therapy is not a covered service under the CAM benefit.**

**Q:** What is “In Lieu of”?

**A:** “In lieu of” services are not covered benefits. “In lieu of” services are alternative services that may be offered to members instead of other treatment. A member’s provider would be required to seek authorization from Neighborhood for an “In lieu of” service as an alternative to other treatment such as pain medication. Prior to an alternative to a surgical intervention or pain treatment plan, a provider must receive authorization from Neighborhood. Neighborhood would determine through the authorization process the appropriateness of the in lieu of service. For Integrity members only, either a provider or member can initiate the authorization. Members seeking to initiate the authorization for “In lieu of” services can do so by contacting their case manager. Chiropractors, Acupuncturists and Massage therapists must confirm authorization has been approved prior to treating members by contacting Neighborhood (1-800-963-1001) or by logging in to the provider portal.

**Q:** What services may be covered as an “In Lieu of” service?

**A:** See attached grids for “CAM” and “In Lieu of”. For specific clinical criteria see Clinical Medical Policies for CAM and In Lieu Of.

**Q.** For CAM services, which providers request authorization?

**A.** For CAM services, Chiropractors and Acupuncturists can request prior authorization directly from Neighborhood or the member's PCP can also request authorization.

**Q.** For "In Lieu of" services, which providers request authorization?

**A.** For "In Lieu of" services, authorization must be requested directly from the member's PCP. Chiropractors, Acupuncturists, and Massage Therapists cannot directly request authorization and must confirm authorization has been approved by calling Neighborhood or by logging on to the provider portal.

**Q:** Do CAM or "In Lieu of" services require authorization?

**A:** All CAM and "In Lieu of" services require authorization.

**Q:** Are members still eligible for 'Ease the Pain' services?

**A:** The Ease the Pain program sunset as of December 31, 2019. Members with services that were authorized on or before December 31, 2019 will be honored until March 31, 2020 if benefit limits have not been met.

**Q:** How should providers seek reimbursement for services rendered?

**A:** All providers rendering authorized services should remit for payment via the CMS 1500 claims form. The CMS 1500 is the official standard health insurance claim form, used by professional physicians and other providers, that is required by CMS and Neighborhood Health Plan of Rhode Island when submitting bills or claims for reimbursement of health services to Medicare or Medicaid or Commercial lines of business.



## COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) BY LINE OF BUSINESS

	MASSAGE * see below	CHIROPRACTIC	ACUPUNCTURE* see below
COMMERCIAL			
Is it a benefit?	Message is not a covered benefit	Yes	Yes
Criteria to receive benefit		See CAM Clinical Medical Policy	See CAM Clinical Medical Policy
Exclusions		See CAM Clinical Medical Policy	See CAM Clinical Medical Policy
Auth Type		Other Professional Services	Other Professional Services
Codes		CPT Codes: 98940-98942	CPT Codes: 97810-97814
Units		1 visit = 4 units	1 visit = 4 units
Benefit Maximum		12 visits per plan year* (See "exclusion" notes on CMP)	12 visits per plan year*
MMP (Integrity)			
Is it a benefit?	Message is not a covered benefit. See "In Lieu of" for additional information on massage therapy.	Yes	Acupuncture is not a covered benefit. See "In Lieu of" for additional information on acupuncture.
Process		PA form on NHPRI.org and must be faxed to UM department 401-459-6023	
Criteria to receive benefit		See CAM Clinical Medical Policy	
Exclusions		See CAM Clinical Medical Policy	
Auth Type		Other Professional Services	
Codes		CPT Codes: 98940-98942	
Units		1 visit = 4 units	
Benefit Maximum		Limited to not more than one treatment per day. No annual Limit	
MEDICAID			
Is it a benefit?	Message is not a covered benefit. See "In Lieu of" for additional information on massage therapy.	Yes	Yes
Process		PA form on NHPRI.org and must be faxed to UM department 401-459-6023	PA form on NHPRI.org and must be faxed to UM department 401-459-6023
Criteria to receive benefit		See CAM Clinical Medical Policy	See CAM Clinical Medical Policy
Exclusions		See CAM Clinical Medical Policy	See CAM Clinical Medical Policy
Referral Category		Chiropractic Services (Referral)	Acupunture Services (Referral)
Auth Type		Other Professional Services	Other Professional Services
Codes		CPT Codes: 98940-98942	CPT Codes: 97810-97814
Units		1 visit = 4 units	1 visit = 4 units
Benefit Maximum		Limited to 12 visits per rolling year**.	Limited to 12 visits per rolling year**.

\*Plan Year = A period of 12 consecutive months beginning with the effective date of the contract year of the member. Individual Exchange members generall align with calendar year. Small Group Exchange members may have varying month effective dates based. Contact provider services for the most up to date information.

\*\*Rolling Year = A period of 12 consecutive months beginning with the iniated treatment.

"In Lieu of" BY LINE OF BUSINESS			
	MASSAGE	CHIROPRACTIC	ACUPUNCTURE
COMMERCIAL			
Is it a benefit?	"In Lieu Of" are not services available to Commercial members at this time.	"In Lieu Of" are not services available to Commercial members at this time.	"In Lieu Of" are not services available to Commercial members at this time.
Criteria to receive benefit			
Exclusions			
Auth Type			
Codes			
Units			
Benefit Maximum			
Note			
MMP			
Is it a benefit?	Yes	Yes	Yes
Process	PA form on NHPRI.org and must be faxed to UM department 401-459-6023	PA form on NHPRI.org and must be faxed to UM department 401-459-6023	PA form on NHPRI.org and must be faxed to UM department 401-459-6023
Criteria to receive benefit	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy
Exclusions	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy
Auth Type	Other Professional Services	Other Professional Services	Other Professional Services
Codes	CPT Codes: 97110,97112, 97124, 97140	CPT Codes: 98940-98942	CPT Codes: 97810-97814
Units	1 visit = 4 units	1 visit = 4 units	1 visit = 4 units
Benefit Maximum	6 massage therapy sessions per rolling* year. PA required on a yearly basis.	Limited to not more than one treatment per day and 12 per rolling* year.	Limited to not more than one treatment per day and 12 per rolling* year.
MEDICAID			
Is it a benefit?	Yes	Yes	Yes
Process	PA form on NHPRI.org and must be faxed to UM department 401-459-6023	PA form on NHPRI.org and must be faxed to UM department 401-459-6023	PA form on NHPRI.org and must be faxed to UM department 401-459-6023
Criteria to receive benefit	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy
Exclusions	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy	See In Lieu Of Clinical Medical Policy
Auth Type	Other Professional Services	Other Professional Services	Other Professional Services
Codes	CPT Codes: 97110,97112, 97124, 97140	CPT Codes: 98940-98942	CPT Codes: 97810-97814
Units	1 visit = 4 units	1 visit = 4 units	1 visit = 4 units
Benefit Maximum	6 massage therapy sessions per rolling* year. PA required on a yearly basis.	Limited to not more than one treatment per day and 12 per rolling* year.	Limited to not more than one treatment per day and 12 per rolling* year.
*Rolling Year = A period of 12 consecutive months beginning with the initiated treatment.			

**DISCLAIMER:** These frequently asked questions (FAQs) 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.

These FAQs 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 these FAQs at any time. All services billed to Neighborhood for reimbursement are subject to audit.

#### **VERSION HISTORY:**

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