

## Benefit Coverage

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

## 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.**

Prior authorization from the Pediatrician is required for children under 18. Most acupuncturists rarely treat children with less than 10 percent of acupuncturists seeing three or more children per week. 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.

### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org)

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management 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.

**Covered Codes: For information on Coding please reference the [Authorization Quick Reference](#)**

**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.

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**CMP Cross Reference:**

<b>Created:</b>	1/6/2015
<b>Annual Review Month:</b>	January
<b>Review Dates:</b>	1/6/2015, 12/15/2015, 12/15/2016, 1/9/18, 1/4/19
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<b>Medical Director</b>	
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**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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