

Massachusetts: Nonmedication alternatives for pain management

Quick reference guide

This guide outlines the covered alternative to opioid products, non-medication services and benefit limits for providers treating patients with pain management needs.

Pain management nonmedication alternatives and benefit limits

Nonmedication alternatives type	Small group	Large group
Acupuncture	Covered; no prior authorization	Covered; no prior authorization; optional benefit limits: [Limited to [10 – 100] treatments per year.] [Limited to [10 – 100] treatments per year, not to exceed \$[100 – 5,000] per year.] [Limited to \$[100 – 5,000] per year.]
Chiropractic	Covered; no prior authorization; unlimited visits	Covered; no prior authorization; unlimited visits
Physical therapy	Covered; no prior authorization; unlimited visits	Covered; no prior authorization; unlimited visits
Occupational therapy	Covered; no prior authorization; unlimited visits	Covered; no prior authorization; unlimited visits
Physician medicine/ rehabilitation	Covered; no prior authorization; pulmonary rehabilitation therapy 20 visits, cardiac rehabilitation unlimited, physical 44 visits, occupational 44 visits, manipulative treatments unlimited, speech unlimited, post-cochlear implant aural therapy 30 visits	Covered; no prior authorization; all therapies optional [10 – 100] visits, except cardiac and speech unlimited

Nonmedication alternatives type	Small group	Large group
Cognitive behavioral therapy	Covered, no prior authorization, pulmonary rehabilitation therapy 20 visits, cardiac rehabilitation unlimited, physical 44 visits, occupational 44 visits, manipulative treatments unlimited, speech unlimited, post-cochlear implant aural therapy 30 visits.	Covered, no prior authorization, all therapies optional [10 – 100] visits, except cardiac and speech unlimited.
Nutrition counseling	Covered; no prior authorization	Covered; no prior authorization
Osteopathic manipulative medicine	Covered; no prior authorization; unlimited visits	Covered; no prior authorization; unlimited visits
Interventional pain management (nerve block)	Covered if clinical requirements are met	Covered if clinical requirements are met
Spine surgery	Not covered	Optional (buy-up)
Transcutaneous Electrical Nerve Stimulation unit	Covered if clinical requirements are met	Covered if clinical requirements are met



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