

Marketplace National Regional Benefit Interpretation Document

Benefit Name	PAIN MANAGEMENT (ACUPUNCTURE AND OPIOID DRUGS)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses pain management for long term and acute pain, including acupuncture and opioid drugs.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individuals and Small Groups (Acupuncture for CA, NM and WA only)</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p>

[Cal. Health & Safety Code §1367.215](#)

ILLINOIS:

Breast Cancer Pain

[P.A. 95-1045](#)

[215 ILCS 5/356g.5-1](#)

[215 ILCS 125/5-3](#)

OHIO:

[Ohio Rev. Code § 1751.691](#): Prior authorization requirements or other utilization review measures as conditions of providing coverage of an opioid analgesic.

[Ohio Attorney General’s Insurer Task Force on Opioid Reduction](#) (June 2018)

WASHINGTON:

[RCW 48.43.760](#)

Opioid Use Disorder—Coverage without prior authorization

For health plans issued or renewed on or after January 1, 2020, a health carrier shall provide coverage without prior authorization of at least one federal food and drug administration approved product for the treatment of opioid use disorder in the drug classes opioid agonists, opioid antagonists, and opioid partial agonists.

B. STATE MARKET PLAN ENHANCEMENTS
Medication Assisted Treatment (MAT):

In general, Out-patient Treatment Programs (OTP)s provides evidence-based Medication Assisted Treatment (MAT) via a multidisciplinary team who provide services utilizing pharmacological, physiological, and psychotherapeutic interventions to stabilize, prevent withdrawal, and help improve the overall functioning and health of the individual. (Clinical)

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

PAIN MANAGEMENT SERVICES

CALIFORNIA:

Acupuncture Services: Molina covers acupuncture services that are typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain.

FLORIDA: Pain management care and procedures are covered, except trigger point injections

IDAHO: Pain management care and procedures are covered, except trigger point injections

ILLINOIS: Pain Management care and procedures covered are covered, except trigger point injections

MICHIGAN, MISSISSIPPI, AND SOUTH CAROLINA:

Pain management care and procedures are covered, except trigger point injections. Acupuncture services are not covered

NEVADA:

Molina cover medically necessary pain management care and procedures, except trigger point injections

NEW MEXICO:

Pain management care and procedures are covered, except trigger point injections.

Acupuncture/Acupressure Services: Molina covers acupuncture services when furnished by licensed Participating Providers that is determined to be Medically Necessary and appropriate for the treatment of the Member's conditions. Acupuncture is a treatment by means of inserting needles into the body to reduce pain or to induce anesthesia. It may also be used for other diagnoses as determined appropriate by the member's provider. It is recommended that acupuncture be part of a coordinated plan of care approved by the member's provider. The acupuncture/acupressure benefit is limited to 20 visits per plan year unless the service is prescribed by a provider for Habilitative or Rehabilitative purposes.

Hypnotherapy (Limited) – Hypnotherapy is only covered when performed by an anesthesiologist or psychiatrist, trained in the use of hypnosis when medically necessary or when:

- Used within two weeks prior to surgery for chronic pain management and
- For chronic pain management when part of a coordinated treatment plan

OHIO: Molina covers home infusion therapy include a combination of nursing, durable medical equipment, and pharmaceutical services which are delivered and administered intravenously in the home. Home IV therapy includes, but is not limited to, pain management. Refer to the Benefit Interpretation Policy titled Home Infusion Therapy

TEXAS: Pain management care and procedures are covered, except trigger point injections (RPM confirmed)

UTAH: Pain management care and procedures are covered, except trigger point injections

WASHINGTON: Pain management care and procedures are covered, except trigger point injections. Acupuncture services are limited to 12 visits without referral per calendar year. Acupuncture services provided for the treatment of chemical dependency are not subject to any visit limits.

WISCONSIN: Pain management care and procedures are covered, except trigger point injections

OPIOID DRUGS

CALIFORNIA, FLORIDA, IDAHO, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Opioid Analgesics for Chronic Pain: Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including a shorter supply per fill and restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

ILLINOIS:

Opioid Analgesics for Chronic Pain: Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per

fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Benefits will be provided for at least one intranasal opioid reversal agent prescription for initial prescriptions of opioids with dosages of 50 MME or higher. Molina will conduct a utilization review for all opioid Prior Authorization requests.

This Agreement limits short-term opioid prescriptions to no more than 7 days.

Formulary also includes coverage for opioid Medical Assisted Treatment (MAT) products, intranasal opioid reversal agents, topical anti-inflammatory medications for acute and chronic pain, and epinephrine injectors.

COMPLEX CASE MANAGEMENT

NEW MEXICO:

Complex Case Management: Living with health problems can be hard. Molina has a program that can help. The Complex Case Management program is for Members with difficult health problems. It is for those who need extra help with their health care needs.

The program allows the Member to talk with a Case Manager about the Member's health problems. The Case Manager can help the Member learn about those problems and how to manage them. The Case Manager may also work with the Member's family or caregiver to make sure the Member gets the care they need and also works with the Member's doctor. There are several ways the Member can be referred for this program. There are certain requirements that the Member must meet. This program is voluntary. The Member can choose to be removed from the program at any time.

If the Member would like information about this program, please call Member Services toll free.

OHIO:

Complex Case Management: Members with difficult health problems that need extra help with the coordination of their healthcare needs, including opioid treatment may voluntarily enroll in Molina Case Management program.

This program allows Members to talk with a nurse about their healthcare needs. The nurse can help Members learn about their problems and teach them how to better manage them. The nurse may also work with a Member's family, caregiver, and Provider to make sure they get the care they need. There are

several ways Members can be referred for this program. There are also certain requirements that Members must meet. This program is voluntary. Members can choose to be removed from the program at any time. For more information about this program, please contact Customer Support.

MORE INFORMATION

Refer to the Benefit Interpretation Policies titled **Rehabilitation Services (Physical, Occupational, and Speech Therapy)**, **Hospice** and **Substance Abuse**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ACUPUNCTURE SERVICES

FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WISCONSIN:

Acupuncture: Acupuncture services are not covered

HOMEOPATHIC AND HOLISTIC SERVICES

IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEVADA, OHIO, TEXAS, UTAH, WISCONSIN:

Homeopathic and Holistic Services: Acupuncture and other non-traditional services including, but not limited to, holistic and homeopathic treatment, yoga, Reiki, massage therapy and Rolf therapy are not covered. (Not listed in Texas and Florida EOC, but it is not covered)

KENTUCKY:

Homeopathic and Holistic Services: Acupuncture and other non-traditional services including holistic and homeopathic treatment, yoga, Reiki, massage therapy and Rolf therapy are not covered.

NEW MEXICO:

Homeopathic and Holistic Services: Other non-traditional services including, but not limited to, holistic and homeopathic treatment, yoga, Reiki, massage therapy and Rolf therapy are not covered.

WASHINGTON:

Homeopathic and Holistic Services: Non-traditional services including, but not limited to, holistic and homeopathic treatment, yoga, Reiki, and Rolf therapy are not covered.

PAIN MANAGEMENT

KENTUCKY:

Pain management care and procedures including trigger point injections are not covered. Exclusion section states, Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain, Custodial Care or Maintenance Care and Domiciliary Care are not covered. (Product confirmed on 5/14/2021)

NEVADA:

Molina does not cover pain management care and procedures if it is not medically necessary.

TRIGGER POINT INJECTIONS
ALL STATES:

Trigger point injections for Pain Management are not covered

KENTUCKY AND WISCONSIN: Molina and Passport cover trigger point injections under TMJ Benefit. Refer to the Dental Care and Oral Surgery Benefit Interpretation Policy

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 EOC Language
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language

**Prior
Authorization**

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	3/1/2021	4/20/2021	4/21/2021
	Revised (for 1/1/2022)	11/16/2021	3/24/2022	11/29/2021
	Revised (for 1/1/2023)	11/18/2022	4/12/2023	12/13/2022
	Revised (for 1/1/2024)	11/30/2023		12/8/2023