New Hampshire: Non-medication alternatives pain management

Quick reference guide

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

Pain management non-medication alternatives

Non-medication alternative type	Small group fully insured (FI)	Large group fully insured (FI)
Acupuncture	Not covered.	Optional (buy up); if covered, no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Chiropractic	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Cognitive behavioral therapy	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Interventional pain management (nerve block)	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Nutrition counseling	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.

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Non-medication alternative type	Small group fully insured (FI)	Large group fully insured (FI)
Osteopathic manipulative medicine	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Occupational therapy	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Physical therapy	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered; no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Physician medicine/ rehabilitation	Covered under outpatient rehabilitation services visit limits (e.g., physical therapy); no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered under outpatient rehabilitation services visit limits (e.g., physical therapy); no prior authorization; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Spine surgery	Covered if clinical requirements are met; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Optional (buy up); cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.
Transcutaneous electrical nerve stimulation unit	Covered if clinical requirements are met; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.	Covered if clinical requirements are met; cost-sharing and treatment may vary by plan; check the member-specific benefit plan document for details.

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