

Pain Management

Policy Number: BIP126.J
Effective Date: November 1, 2023

[➔ Instructions for Use](#)

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 - [Facet Joint and Medical Branch Block Injections for Spinal Pain](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Pain management for long term and sudden pain is covered only when authorized and provided by a network provider or UnitedHealthcare.

Example includes, but is not limited to:

- Epidural injections when determined to be medically necessary

Refer to the following Medical Management Guidelines for additional information:

- [Ablative Treatment for Spinal Pain](#)
- [Discogenic Pain Treatment](#)
- [Epidural Steroid Injections for Spinal Pain](#)
- [Facet Joint and Medical Branch Block Injections for Spinal Pain](#)

Refer to the following Benefit Interpretation Policies for additional information:

- [Biofeedback](#)
- [Complementary and Alternative Medicine](#)
- [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)

Pain management is also covered for palliative care. Refer to the Benefit Interpretation Policy titled [Hospice](#) for additional information.

Not Covered

The following are not covered for Pain Management:

- Massage therapy unless mandated by state or federal law and/or covered as market plan enhancements (Refer to *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections) for **Oklahoma and Oregon**
- Massage therapy is not covered **except if it is part of an authorized physical therapy treatment plan for Texas and Washington.**
- Multidisciplinary pain management programs are not covered.
- Recreational, lifestyle, educational or hypnotic therapy, and any related diagnostic testing, is not covered.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
11/01/2023	All	<ul style="list-style-type: none">• Routine review; no change to benefit coverage guidelines• Archived previous policy version BIP126.I

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.