

Maine: Non-medication alternatives 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 non-medication alternatives and benefit limits

Non-medication alternatives type	Small group fully insured (FI)	Large group fully insured (FI)
Acupuncture	Not covered	Covered, standard limit of 20 visits per year
Chiropractic*	40 outpatient visits per year (separate limits for habilitative and rehabilitative services); 150 inpatient days per year across all services in an inpatient rehabilitation facility or skilled nursing facility	40 outpatient visits per year (combined limit for habilitative and rehabilitative services); 60 inpatient days per year across all services in an inpatient rehabilitation facility or skilled nursing facility
Cognitive behavioral therapy*	20 outpatient visits per year (applies separately for habilitative and rehabilitative services); 150 inpatient days per year across all services	20 outpatient visits per year (combined for habilitative and rehabilitative services); 60 inpatient days per year across all services
Interventional pain management (nerve block)*	No visit limit: Pharmaceutical products administered by a provider (e.g., steroids) are covered under the pharmaceutical product – outpatient benefit; subject to cost-shares and medical management (e.g., step therapy)	Same as small group fully insured (FI)

Non-medication alternatives type	Small group fully insured (FI)	Large group fully insured (FI)
Nutrition counseling*	No visit limit; excludes general dietary education such as calorie control or dietary preferences	Same as small group FI
Osteopathic manipulative medicine*	40 outpatient visits per year (separate limits for habilitative and rehabilitative services); 150 inpatient days per year across all services	40 outpatient visits per year (combined limit for habilitative and rehabilitative services); 60 inpatient days per year across all services
Occupational therapy*	60 outpatient visits per year (combined with physical therapy and speech therapy; applies separately for habilitative and rehabilitative services); no limit when provided for autism; 150 inpatient days per year across all services	60 outpatient visits per year (combined for habilitative and rehabilitative services); 60 inpatient days per year across all services
Physical therapy*	60 outpatient visits per year (combined with occupational therapy and speech therapy; applies separately for habilitative and rehabilitative services); 150 inpatient days per year across all services	60 outpatient visits per year (combined for habilitative and rehabilitative services); 60 inpatient days per year across all services
Physician medicine / rehabilitation	Covered under outpatient rehabilitation services visit limits (e.g., physical therapy)	Same as small group FI
Spine surgery*	No limit; exclusions for experimental, investigational or unproven services	Same as small group FI
Transcutaneous electrical nerve stimulation unit*	Covered under durable medical equipment (DME) when clinical criteria are met; must be obtained from a network vendor or prescribed by a network physician	Same as small group FI, with additional limit: Coverage restricted to a single DME purchase every 3 years



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*Services subject to plan cost-shares and any applicable plan prior authorization requirements.