

Cognitive Rehabilitation

Policy Number: BIP146.J
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[➔ Instructions for Use](#)

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- Related Medical Management Guidelines**

 - [Cognitive Rehabilitation](#)
 - [Neuropsychological Testing Under the Medical Benefit](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.

- **Outpatient cognitive rehabilitation:**
 - Initial neuropsychological testing by a network provider or licensed provider to identify functional deficits and establish a treatment plan (Refer to the Medical Management Guideline titled [Neuropsychological Testing Under the Medical Benefit](#)).
 - Medically necessary treatment of functional deficits from a traumatic brain injury (TBI) or cerebral vascular insult (CVI) or stroke, when the member can actively participate in the program (e.g., is not comatose or a vegetative or minimally conscious state which precludes such active engagement).
- **Cognitive rehabilitation therapy** includes a variety of therapy methods (occupational therapy, physical therapy, speech therapy, psychology) that retrain or alleviate problems caused by traumatic brain injury (TBI) or cerebral vascular insult (CVI) or stroke e.g., deficits of visual processing, language, reasoning and problem solving. Cognitive rehabilitation treatment plans include:
 - Tasks that are designed to reinforce or re-establish previously learned patterns or to establish compensatory mechanisms for documented functional deficits;

- Therapy activities that are systematic, structured, goal directed and individualized to treat the member’s documented functional deficits;
- Compensatory management training;
- Specific interventions for functional communication deficits, including pragmatic and conversational skills;
and
- The member must be able to actively participate in the authorized treatment plan and significant cognitive improvement is expected.
- **Inpatient cognitive rehabilitation therapy** when a member also meets criteria for inpatient medical rehabilitation services. Refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#).
- **Habilitative services** may or may not be covered: Refer to member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.

If request is for physical therapy, speech therapy or occupational therapy services that are habilitative in nature, refer to the Benefit Interpretation Policies titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#) and [Habilitative Services](#).

Notes:

- Cognitive rehabilitation therapy can be performed by a network or licensed providers within the scope of their licensure, e.g., occupational, physical and speech therapists/pathologist, neuropsychologist, or a physician.
- Refer to the Benefit Interpretation Policy titled [Skilled Nursing Facility \(SNF\): Skilled Nursing Facility \(SNF\) Care](#).

Not Covered

- Cognitive rehabilitation therapy for any condition other than listed in the *Covered Benefits* section.
- Cognitive rehabilitative therapy for a member who is in a vegetative state.
- In-home cognitive rehabilitation therapy unless documented to be medically necessary and is prior authorized by the member’s Primary Medical Group or UnitedHealthcare.
Note: In-home cognitive rehabilitation is considered home health and is subject to the applicable home health visit co-payment/coinsurance, deductibles and benefit limitations, if any. Refer to the member’s EOC/SOB.
- Assisted living facilities or residential living settings (not licensed as a skilled nursing facility).
- Community integration programs (services do not require the skills of a healthcare professional).
- Cognitive behavioral therapy except for covered services for mental health services.
- Coma stimulation
- Cognitive rehabilitative therapy for member who is receiving custodial care

Policy History/Revision Information

Date	Summary of Changes
08/01/2023	Supporting Information <ul style="list-style-type: none"> ● Removed <i>Definitions</i> section ● Archived previous policy version BIP146.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.