

# Cognitive Rehabilitation

**Policy Number:** BIP142.L  
**Effective Date:** July 1, 2024

[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li>• <a href="#">Autism Spectrum Disorder</a></li> <li>• <a href="#">Habilitative Services</a></li> <li>• <a href="#">Inpatient and Outpatient Mental Health</a></li> <li>• <a href="#">Rehabilitation Services Physical, Occupational, and Speech Therapy</a></li> <li>• <a href="#">Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care</a></li> </ul>

Related Medical Management Guidelines
<ul style="list-style-type: none"> <li>• <a href="#">Cognitive Rehabilitation</a></li> <li>• <a href="#">Neuropsychological Testing Under the Medical Benefit</a></li> </ul>

## 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.

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

### Outpatient Cognitive Habilitation and Rehabilitation Therapy

Neuropsychological testing by a provider acting within the scope of his or her license or as authorized under California law and the medically necessary treatment of functional deficits due to a traumatic brain injury or cerebral vascular insult or when provided as part of an authorized autism behavioral health treatment plan. Refer to the following Medical Management Guidelines:

- [Cognitive Rehabilitation](#)
- [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#)
- [Neuropsychological Testing Under the Medical Benefit](#)

### Inpatient Cognitive Habilitative and Rehabilitation Therapy

Coverage for inpatient cognitive habilitative and rehabilitative therapy will be covered when a member also meets criteria for inpatient medical rehabilitation services.

- Refer to the following Medical Management Guidelines:
  - [Cognitive Rehabilitation](#)

- [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#)
- Refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#).

## Habilitative Services

- Habilitative services may or may not be covered: Refer to member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.
- Habilitative services shall be covered under the same terms and conditions applied to rehabilitative and habilitative services under the plan contract.
- If request is for physical therapy, speech therapy or occupational therapy services that are habilitative in nature refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#) or [Habilitative Services](#).

### Notes:

- Cognitive habilitative and rehabilitation therapy can be performed by 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 behavioral therapy unless medically necessary and provided by a provider acting within the scope of his or her license or as authorized under California law also known as cognitive therapy.
- Cognitive habilitative and rehabilitation therapy for any condition other than listed in *Covered Benefits* section.
- 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.

## Policy History/Revision Information

Date	Summary of Changes
07/01/2024	<p><b>Covered Benefits</b></p> <p><b><i>Outpatient Cognitive Habilitation and Rehabilitation Therapy</i></b></p> <ul style="list-style-type: none"> <li>● Revised language to indicate neuropsychological testing by a provider acting within the scope of his or her license or as authorized under California law and the medically necessary treatment of functional deficits due to a traumatic brain injury or cerebral vascular insult or when provided as part of an authorized autism behavioral health treatment plan [is covered]; refer to the Medical Management Guidelines titled: <ul style="list-style-type: none"> <li>○ <i>Cognitive Rehabilitation</i></li> <li>○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i></li> <li>○ <i>Neuropsychological Testing Under the Medical Benefit</i></li> </ul> </li> </ul> <p><b><i>Inpatient Cognitive Habilitative and Rehabilitation Therapy</i></b></p> <ul style="list-style-type: none"> <li>● Replaced language indicating “inpatient cognitive habilitative and rehabilitation therapy [is covered] when a member also meets criteria for inpatient medical rehabilitation services or otherwise authorized under California Law” with “coverage for inpatient cognitive habilitative and rehabilitative therapy <i>will be</i> covered when a member also meets criteria for inpatient medical rehabilitation services”</li> <li>● Added reference link to the Medical Management Guidelines titled: <ul style="list-style-type: none"> <li>○ <i>Cognitive Rehabilitation</i></li> <li>○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i></li> </ul> </li> </ul> <p><b><i>Habilitative Services</i></b></p> <ul style="list-style-type: none"> <li>● Removed language indicating habilitative services are medically necessary health care services and health care devices that help a person keep, learn, or improve skills and functioning for daily living; examples include therapy for a child who is not walking or talking at the expected age</li> <li>● Removed list of examples of health care services that are not habilitative services</li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>● Revised list of non-covered services; removed: <ul style="list-style-type: none"> <li>○ Cognitive rehabilitative therapy for a member who is in a vegetative state</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Assisted living facilities or residential living settings (not licensed as a skilled nursing facility)</li> <li>○ Community integration programs (services do not require the skills of a healthcare professional)</li> <li>○ Coma stimulation</li> <li>○ Cognitive rehabilitative therapy for a member who is receiving custodial care</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version BIP142.K</li> </ul>

## 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.