

# Cognitive Rehabilitation

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[➔ Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	1
<a href="#">Covered Benefits</a> .....	1
<a href="#">Not Covered</a> .....	2
<a href="#">Definitions</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

**Related Benefit Interpretation Policies**

- [Habilitative Services](#)
- [Inpatient and Outpatient Mental Health](#)
- [Pervasive Developmental Disorder and Autism Spectrum Disorder](#)
- [Rehabilitation Services Physical, Occupational, and Speech Therapy](#)
- [Skilled Nursing Facility \(SNF\): Skilled Nursing Facility \(SNF\) Care](#)

**Related Medical Management Guidelines**

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

## 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 Rehabilitation Therapy:
  - Initial neuropsychological testing by a Network provider acting within the scope of his or her license or as authorized under California law 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 due to 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) or when provided as part of an authorized autism behavioral health treatment plan.
- 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 or

stroke or when provided by an authorized Autism Behavioral Health Treatment Plan, 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 memory strategy 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 or otherwise authorized under California Law. 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 Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#) or [Habilitative Services](#).

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.

Note: Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative and habilitative services under the plan contract.

Notes:

- Cognitive Rehabilitation Therapy can be performed by network 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 *Covered Benefits* section.
- Cognitive Rehabilitative Therapy for a member who is in a vegetative state.
- Cognitive Behavioral Therapy unless Medically Necessary and provided by a network provider acting within the scope of his or her license or as authorized under California law also known as cognitive therapy.
- 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).
- Coma stimulation.
- Cognitive Rehabilitative Therapy for a member who is receiving custodial care.

## Definitions

**Cognitive Rehabilitation Therapy:** Therapy for the treatment of functional deficits due to traumatic brain injury or cerebral vascular insult. It is intended to help in achieving the return to a higher level of cognitive ability. This therapy is direct (one-on-one) patient contact.

**Cognitive Behavioral Therapy (also known as Cognitive Therapy):** Psychotherapy where the emphasis is on the role of thought patterns in moods and behaviors.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2021	<ul style="list-style-type: none"><li data-bbox="337 529 1029 556">• Routine review; no change to benefit coverage guidelines</li><li data-bbox="337 560 862 588">• Archived previous policy version BIP142.H</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.