

Cognitive Rehabilitation

Policy Number: BIP143.K
Effective Date: July 1, 2024

[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> • Acquired Brain Injury Services • Autism Spectrum Disorder • 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 Policies
<ul style="list-style-type: none"> • Cognitive Rehabilitation • Neuropsychological Testing Under the Medical Benefit

Federal/State Mandated Regulations

Texas

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

State Market Plan Enhancements

Texas

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

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 the coverage eligibility.

Outpatient Cognitive Rehabilitation Therapy Oklahoma, Oregon, and Washington

- Coverage is limited to an initial neuropsychological testing by a contracting physician or licensed provider and the Medically Necessary treatment of functional deficits as a result of traumatic brain injury (TBI) or cerebral vascular insult (CVI). Refer to the following Medical Policies titled:
 - [Cognitive Rehabilitation](#)

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

Texas

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

Inpatient Cognitive Rehabilitation Therapy Oklahoma, Oregon, and Washington

- Coverage may be provided when a member meets criteria for inpatient medical rehabilitation services.
 - Refer to the following Medical Policies titled:
 - [Cognitive Rehabilitation](#)
 - [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#)
 - Refer to the following Benefit Interpretation Policy titled:
 - [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#).

Texas

- Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

Habilitative Services

Oklahoma, Oregon, and Washington

- May or may not be covered. Refer to the 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, refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#) or [Habilitative Services](#).

Notes:

- Cognitive rehabilitation therapy can be performed by contracting 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

Oklahoma, Oregon, and Washington

- Cognitive rehabilitation therapy for any condition other than listed in the *Covered Benefits* section.
- Cognitive rehabilitative therapy for a member who:
 - Has met the goals of the treatment plan; or
 - Cannot progress to meet the treatment plan goals
- 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.
- Cognitive behavioral therapy also known as cognitive therapy (except for covered services for mental health services)

Texas

- Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

Definitions

Texas

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
01/01/2025	All	<p>Template Update</p> <ul style="list-style-type: none"> Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines)
07/01/2024	All	<p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy versions BIP143.J, BIP144.J, BIP145.J, and BIP146.J
	Oklahoma	<p>Covered Benefits</p> <ul style="list-style-type: none"> Removed language indicating 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: <ul style="list-style-type: none"> 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 strategy training Specific interventions for functional communication deficits, including pragmatic and conversational skills The member must be able to actively participate in the authorized treatment plan and significant cognitive improvement is expected Replaced language indicating "cognitive rehabilitation therapy can be performed by a <i>network</i> or licensed provider within the scope of their licensure" with "cognitive rehabilitation therapy can be performed by <i>contracting</i> licensed providers within the scope of their licensure" <p>Outpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> Revised language to indicate coverage is limited to an initial neuropsychological testing by a contracting physician or licensed provider and the medically necessary treatment of functional deficits as a result of traumatic brain injury (TBI) or cerebral vascular insult (CVI); refer to the Medical Management Guidelines titled: <ul style="list-style-type: none"> <i>Cognitive Rehabilitation</i> <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> <i>Neuropsychological Testing Under the Medical Benefit</i> <p>Inpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> Replaced language indicating "[<i>services are covered</i>]" when a member <i>also</i> meets criteria for inpatient medical rehabilitation services" with "<i>coverage may be provided</i> when a member meets criteria for inpatient medical rehabilitation services" Added reference link to the Medical Management Guidelines titled: <ul style="list-style-type: none"> <i>Cognitive Rehabilitation</i> <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> <p>Habilitative Services</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> [Services] may or may not be covered; refer to the 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, refer to the Benefit Interpretation Policies titled <i>Rehabilitation Services (Physical, Occupational, and Speech Therapy)</i> or <i>Habilitative Services</i>

Date	State(s) Affected	Summary of Changes
		<p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services: <ul style="list-style-type: none"> ○ Replaced “cognitive behavioral therapy (except for covered services for mental health services)” with “cognitive behavioral therapy <i>also known as cognitive therapy</i> (except for covered services for mental health services)” ○ Removed: <ul style="list-style-type: none"> ▪ Cognitive rehabilitative therapy for a member who is in a vegetative state ▪ 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)
	Oregon	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Removed language indicating 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: <ul style="list-style-type: none"> ○ 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 ○ The member must be able to actively participate in the authorized treatment plan and significant cognitive improvement is expected • Replaced language indicating “cognitive rehabilitation therapy can be performed by a <i>network</i> or licensed provider within the scope of their licensure” with “cognitive rehabilitation therapy can be performed by <i>contracting</i> licensed providers within the scope of their licensure” <p>Outpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> • Revised language to indicate coverage is limited to an initial neuropsychological testing by a contracting physician or licensed provider and the medically necessary treatment of functional deficits as a result of traumatic brain injury (TBI) or cerebral vascular insult (CVI); refer to the Medical Management Guidelines titled: <ul style="list-style-type: none"> ○ <i>Cognitive Rehabilitation</i> ○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> ○ <i>Neuropsychological Testing Under the Medical Benefit</i> <p>Inpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> • Replaced language indicating “[<i>services are covered</i>] when a member <i>also</i> meets criteria for inpatient medical rehabilitation services” with “<i>coverage may be provided</i> when a member meets criteria for inpatient medical rehabilitation services” • Added reference link to the Medical Management Guidelines titled: <ul style="list-style-type: none"> ○ <i>Cognitive Rehabilitation</i> ○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services: <ul style="list-style-type: none"> ○ Replaced:

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		<ul style="list-style-type: none"> ▪ “Cognitive rehabilitative therapy for a member who <i>is in a vegetative state</i>” with “cognitive rehabilitative therapy for a member who <i>has met the goals of the treatment plan or cannot progress to meet the treatment plan goals</i>” ▪ “Cognitive behavioral therapy except for covered services for mental health services” with “cognitive behavioral therapy <i>also known as cognitive therapy</i> (except for covered services for mental health services)” ○ Removed: <ul style="list-style-type: none"> ▪ 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)
	Washington	<p>Covered Benefits</p> <ul style="list-style-type: none"> ● Removed language indicating 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: <ul style="list-style-type: none"> ○ 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 strategy training ○ Specific interventions for functional communication deficits, including pragmatic and conversational skills ○ The member must be able to actively participate in the authorized treatment plan and significant cognitive improvement is expected ● Replaced language indicating “cognitive rehabilitation therapy can be performed by <i>network</i> licensed providers within the scope of their licensure” with “cognitive rehabilitation therapy can be performed by <i>contracting</i> licensed providers within the scope of their licensure” <p>Outpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> ● Revised language to indicate coverage is limited to an initial neuropsychological testing by a contracting physician or licensed provider and the medically necessary treatment of functional deficits as a result of traumatic brain injury (TBI) or cerebral vascular insult (CVI); refer to the Medical Management Guidelines titled: <ul style="list-style-type: none"> ○ <i>Cognitive Rehabilitation</i> ○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> ○ <i>Neuropsychological Testing Under the Medical Benefit</i> <p>Inpatient Cognitive Rehabilitation Therapy</p> <ul style="list-style-type: none"> ● Replaced language indicating “[<i>services are covered</i>] when a member <i>also</i> meets criteria for inpatient medical rehabilitation services” with “<i>coverage may be provided</i> when a member meets criteria for inpatient medical rehabilitation services” ● Added reference link to the Medical Management Guidelines titled: <ul style="list-style-type: none"> ○ <i>Cognitive Rehabilitation</i> ○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> <p>Not Covered</p> <ul style="list-style-type: none"> ● Revised list of non-covered services: <ul style="list-style-type: none"> ○ Replaced: <ul style="list-style-type: none"> ▪ “Cognitive rehabilitative therapy for a member who <i>is in a vegetative state</i>” with “cognitive rehabilitative therapy for a

Date	State(s) Affected	Summary of Changes
		<p>member who <i>has met the goals of the treatment plan or cannot progress to meet the treatment plan goals</i></p> <ul style="list-style-type: none"> ▪ “Cognitive behavioral therapy also known as cognitive therapy (except for covered <i>health care</i> services for mental health <i>care</i> services)” with “cognitive behavioral therapy also known as cognitive therapy (except for covered services for mental health services)” ○ Removed: <ul style="list-style-type: none"> ▪ 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 member who is receiving custodial care

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.