

Cognitive Rehabilitation

Policy Number: BIP144.H
Effective Date: June 1, 2021

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies

- [Acquired Brain Injury Services](#)
- [Autism Spectrum Disorder](#)
- [Habilitative Services](#)
- [Inpatient and Outpatient Mental Health](#)
- [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

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

State Market Plan Enhancements

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.

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

Not Covered

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

Definitions

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

Policy History/Revision Information

Date	Summary of Changes
06/01/2021	<ul style="list-style-type: none"><li data-bbox="337 247 1031 279">• Routine review; no change to benefit coverage guidelines<li data-bbox="337 279 862 310">• Archived previous policy version BIP144.G

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.