

Habilitative Services

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[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	3
Definitions	3
Policy History/Revision Information	4
Instructions for Use	4

- Related Benefit Interpretation Policies**
- [Biofeedback](#)
 - [Cognitive Rehabilitation](#)
 - [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/ Orthotics \(Non Foot Orthotics\) and Medical Supplies](#)
 - [Experimental and Investigational Services](#)
 - [Home Health Care](#)
 - [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)
 - [Skilled Nursing Facility \(SNF\): Skilled Nursing Facility \(SNF\) Care](#)

Federal/State Mandated Regulations

California Code of Regulations, Title 28, § 1300.67. Scope of Basic Health Care Services.

<https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?contextData=%28sc.Default%29&transitionType=Default&bhcp=1>

The basic health care services required to be provided by a health care service plan to its enrollee’s shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (c) Ambulatory care services, (outpatient hospital services) which shall include diagnostic and treatment services, physical therapy, speech therapy, occupational therapy services as appropriate and those hospital services, which can reasonably be provided on an ambulatory basis. Such services may be provided at a hospital, any other appropriate licensed facility, or any appropriate facility which is not required by law to be licensed, if the professionals delivering such services are licensed to practice, are certified, or practice under the authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law.

Rehabilitation and Habilitative Services and Therapy

Rehabilitation and Habilitative Services and therapy will be provided only as Medically Necessary and are provided by a Participating Provider acting within the scope of his or her license or as authorized under California law and are either limited or not covered, as follows:

- Speech, occupational or physical therapy is not covered when medical or mental health documentation does not support the Medical Necessity because of the Member’s inability to progress toward the treatment plan goals or when a Member has already met the treatment goals.
- Speech therapy is limited to Medically Necessary therapy to treat speech disorders caused by an illness, including Mental Disorders and Severe Mental Illness and Serious Emotional Disturbances of a Child, injury or surgery (for example, cleft palate repair) and are provided by a Participating Provider acting within the scope of his or her license or as authorized under California law.

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.

Refer to the member's Evidence of Coverage (EOC) Schedule of Benefits (SOB) to determine coverage eligibility.

Benefits for outpatient Habilitative Services include individual or group:

- Physical therapy
- Occupational therapy
- Post-cochlear implant aural therapy
- Cognitive habilitative therapy.
- Manipulative Treatment
- Speech Therapy

For plans that provide Essential Health Benefits, benefits are provided for Habilitative Services provided for Members with a disabling condition, including Autism Spectrum Disorder and Pervasive Developmental Disorder when both of the following conditions are met:

- The treatment is ordered/performed by a Physician and is administered by a licensed therapy provider, or qualified autism service provider, or other provider licenses or by a provider acting within the scope of his or her license or as certified or otherwise authorized under California law.
- The services must be provided in a physician's office or on an outpatient basis at a Hospital or Alternate Facility (such as health care facility that provides outpatient rehabilitative services).

We may require that a treatment plan be provided, request medical records, clinical notes, or other necessary data to allow us to substantiate that initial or continued medical treatment is needed. When the treating provider anticipates that continued treatment is or will be required to permit the Member to achieve demonstrable progress, we may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated duration of treatment, the anticipated goals of treatment, and how frequently the treatment plan will be updated.

Coverage of Durable Medical Equipment and prosthetic devices, when used as a component of Habilitative Services, may require a separate review. Check the member specific benefit document.

Additional Information

- Habilitative Services received while in an inpatient setting, e.g. inpatient hospital, inpatient rehabilitation facility or skilled nursing facility are covered as part of that benefit. Depending on the inpatient setting, benefits are the same as the applicable inpatient benefit category (hospital inpatient, skilled nursing facility/inpatient rehabilitation facility benefit or in an organized multidisciplinary rehabilitation day-treatment program).
- Eligible physical therapy and occupational therapy received in the home from a Home Health Agency is covered under the Home Health Care section of the plan. The Home Health Care benefit only applies to services that are rendered by a Home Health Agency.
- Eligible physical therapy and occupational therapy received in the home from an independent physical or occupational therapist (a physical or occupational therapist that is not affiliated with a Home Health Agency) is covered under the Habilitative Services benefit.
- Benefits for Habilitative Services provided by the Plan do not affect or reduce any obligation to provide services under an individualized education program per the Education Code or individualized service plan as described in the Welfare and Institutions Code or Disabilities Education Act.

Cardiac and pulmonary therapy are covered under the Rehabilitation Services benefit. These are not Habilitative Services.

Not Covered

- Coverage is excluded for services that are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services. A service that does not help the Member to meet or maintain functional goals in a treatment plan within a prescribed time frame is not a Habilitative Service.
- Coverage is excluded when the member does not meet criteria for coverage as indicated in the Indications for Coverage section above and member specific benefit document.
- Coverage is excluded if the service is considered by UnitedHealthcare to be Unproven, Investigational or Experimental.
- Coverage is excluded for Custodial Care, respite care, day care, therapeutic recreation, vocational training and residential treatment.
- In the absence of a disabling condition, services to improve general physical condition are excluded from coverage.
- Coverage can be discontinued when the treatment plan goals and objectives are achieved or no longer appropriate.
- Coverage is excluded for physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. An example includes, but is not limited to, the same day combined use of hot packs, ultrasound and iontophoresis in the treatment of strain.
- Coverage is excluded for programs that do not require the supervision of Physician and/or a licensed therapy provider.
- Coverage is excluded for Work Hardening.
- Coverage is excluded for confinement, treatment, services or supplies that are required: a) only by a court of law, or b) only for insurance, travel, employment, and school or camp purposes. Refer to the member specific benefit document and state mandates.
- Coverage is excluded for services beyond any visit limits, if any, if specified in the member specific benefit document.
- Coverage is excluded for activities that are solely recreational, social or for general fitness such as, gym and fitness club memberships and fees, health club fees, dancing classes, exercise equipment or supplies.
- Biofeedback services are excluded on most plans. Refer to the member specific benefit documents.
- Hypnotherapy
- Cognitive Behavioral Therapy, unless Medically Necessary and provided by a Participating Provider acting within the scope of his or her license or as authorized under California law.
- Vocational Habilitation

Definitions

Congenital Anomaly/Defect: A physical developmental Defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Custodial Care: Care and services that help an individual in the activities of daily living. Examples include: help in walking, getting in or out of bed, bathing, dressing, feeding and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial Care includes all homemaker services, respite care, convalescent care or extended care not requiring skilled nursing.

Habilitative Services: Health care services and 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. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings, or both.

Work Hardening: Work Hardening is an interdisciplinary program consisting of physical therapy, occupational therapy and counseling professionals for injured workers or other adults whose injuries or disease processes interfere with their ability to work. It provides structured treatment designed to progressively improve physical function as a transition between acute care and return to work.

Policy History/Revision Information

Date	Summary of Changes
01/01/2022	<ul style="list-style-type: none"><li data-bbox="337 216 1031 247">• Routine review; no change to benefit coverage guidelines<li data-bbox="337 249 857 279">• Archived previous policy version BIP201.F

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.