

Habilitative Services

Policy Number: BIP201.J
Effective Date: December 1, 2024

[➔ Instructions for Use](#)

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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, Section 1300.67, Scope of Basic Health Care Services

[Section 1300.67 - Scope of Basic Health Care Services, Cal. Code Regs. tit. 28 § 1300.67 | Casetext Search + Citor](#)

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.

Note: For plans that provide Essential Health Benefits, benefits are provided for habilitative services for members with a disabling condition, including autism spectrum disorder and pervasive developmental disorder.

Habilitative services must be:

- 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.
- 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 documentation to substantiate that initial or continued medical treatment is needed. Refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#) for additional information.

For coverage of durable medical equipment and prosthetic devices, when used as a component of habilitative services, refer to the Benefit Interpretation Policy titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies](#) for additional information.

Additional Information

- Habilitative services received while in an inpatient setting (e.g., inpatient hospital, inpatient rehabilitation facility, or skilled nursing facility) are covered when the member is admitted or the services are authorized by either the member's network medical group or UnitedHealthcare. Refer to the member's Evidence of Coverage (EOC) Schedule of Benefits (SOB) for additional information.
- Eligible physical therapy and occupational therapy received in the home and provided by:
 - A home health agency is covered under the *Home Health Care* benefit.
 - An independent 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.

Not Covered

- 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's Evidence of Coverage (EOC) Schedule of Benefits (SOB).
- Cardiac and pulmonary therapy (these are not habilitative services). Refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#).
- 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's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) and state mandates.
- Coverage can be discontinued when the treatment plan goals and objectives are achieved or no longer appropriate.

- Custodial care, respite care, day care, therapeutic recreation, vocational training, and residential treatment.
- Hypnotherapy.
- 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.
- Programs that do not require the supervision of physician and/or a licensed therapy provider.
- Services that:
 - Are beyond any visit limits, if any, if specified in the member specific benefit document. Refer to the member's Evidence of Coverage (EOC) Schedule of Benefits (SOB).
 - Are considered by UnitedHealthcare to be unproven, investigational, or experimental.
 - Do not help the member to meet or maintain functional goals in a treatment plan within a prescribed time frame.
 - Are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services.
 - Are to improve general physical condition in the absence of a disabling condition.
 - Are provided when the member does not meet criteria for coverage as indicated in the *Covered Benefits* section above or in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB).
- Work Hardening.

Definitions

Congenital Anomaly/Defect (also commonly referred to as congenital anomalies, birth defects, congenital disorders, congenital malformations, or congenital abnormalities): Are conditions of prenatal origin that are present at birth, potentially impacting an infant's health, development, and/or survival.

Work Hardening/Work Rehabilitation: Work Hardening/Rehabilitation 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.

References

DeSilva M, Munoz FM, Mcmillan M, Kawai AT, Marshall H, Macartney KK, Joshi J, Oneko M, Rose AE, Dolk H, Trotta F, Spiegel H, Tomczyk S, Shrestha A, Kochhar S, Kharbanda EO; Brighton Collaboration Congenital Anomalies Working Group. Congenital anomalies: Case definition and guidelines for data collection, analysis, and presentation of immunization safety data. *Vaccine*. 2016 Dec 1;34(49):6015-6026. doi: 10.1016/j.vaccine.2016.03.047. Epub 2016 Jul 18. PMID: 27435386; PMCID: PMC5139892.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Template Update</p> <ul style="list-style-type: none"> • Updated reference link to related Medical Policy (previously classified as Medical Management Guideline)
12/01/2024	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Replaced language for plans that provide Essential Health Benefits indicating “benefits are provided for habilitative services for members with a disabling condition, including autism spectrum disorder and pervasive developmental disorder, <i>when both of the [listed] conditions are met</i>” with “benefits are provided for habilitative services for members with a disabling condition, including autism spectrum disorder and pervasive developmental disorder; <i>habilitative services must [include the listed services]</i>” • Removed language indicating coverage of durable medical equipment and prosthetic devices, when used as a component of habilitative services, may require a separate review • Added instruction to refer to the Benefit Interpretation Policy titled <i>Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), and Medical Supplies</i> for additional information on coverage of durable medical equipment and prosthetic devices, when used as a component of habilitative services <p>Documentation</p>

Date	Summary of Changes
	<ul style="list-style-type: none"> • Replaced language indicating “[UnitedHealthcare] may require <i>that a treatment plan be provided, request medical records, clinical notes, or other necessary data to allow [UnitedHealthcare] to substantiate that initial or continued medical treatment is needed</i>” with “[UnitedHealthcare] may require <i>documentation to substantiate that initial or continued medical treatment is needed</i>” • Added instruction to refer to the Medical Management Guideline titled <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i> for additional information • Removed language indicating [UnitedHealthcare] 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 when the treating provider anticipates that continued treatment is or will be required to permit the member to achieve demonstrable progress <p>Additional Information</p> <ul style="list-style-type: none"> • Replaced language indicating: <ul style="list-style-type: none"> ○ “Habilitative services received while in an inpatient setting (e.g., inpatient hospital, inpatient rehabilitation facility, or skilled nursing facility) are covered <i>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)</i>” with “habilitative services received while in an inpatient setting (e.g., inpatient hospital, inpatient rehabilitation facility, or skilled nursing facility) are covered <i>when the member is admitted or the services are authorized by either the member’s network medical group or UnitedHealthcare; refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information</i>” ○ “Eligible physical therapy and occupational therapy received in the home <i>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</i>” with “eligible physical therapy and occupational therapy received in the home <i>and provided by a home health agency is covered under the Home Health Care benefit</i>” ○ “Eligible physical therapy and occupational therapy received in the home <i>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</i>” with “eligible physical therapy and occupational therapy received in the home <i>and provided by an independent physical or occupational therapist that is not affiliated with a home health agency is covered under the habilitative services benefit</i>” • Removed language indicating cardiac and pulmonary therapy are covered under the rehabilitation services benefit; these are not habilitative services <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services: <ul style="list-style-type: none"> ○ Added “cardiac and pulmonary therapy (these are not habilitative services); refer to the Benefit Interpretation Policy titled <i>Rehabilitation Services (Physical, Occupational, and Speech Therapy)</i>” ○ Replaced: <ul style="list-style-type: none"> ▪ “Biofeedback services are excluded on most plans; refer to the member <i>specific benefit documents</i>” with “biofeedback services are excluded on most plans; refer to the member’s <i>Evidence of Coverage (EOC)/Schedule of Benefits (SOB)</i>” ▪ “Confinement, treatment, services, or supplies that are required only by a court of law or only for insurance, travel, employment, and school or camp purposes; refer to the member <i>specific benefit document</i> and state mandates” with “confinement, treatment, services, or supplies that are required only by a court of law or only for insurance, travel, employment, and school or camp purposes; refer to the member’s <i>EOC/SOB</i> and state mandates” ▪ “A service that does not help the member to meet or maintain functional goals in a treatment plan within a prescribed time frame <i>is not a Habilitative Service</i>” with “services that do not help the member to meet or maintain functional goals in a treatment plan within a prescribed time frame” ▪ “When the member does not meet criteria for coverage as indicated in the <i>Covered Benefits</i> section [of the policy] <i>and member specific benefit document</i>” with “services

Date	Summary of Changes
	<p><i>that are provided</i> when the member does not meet criteria for coverage as indicated in the <i>Covered Benefits</i> section [of the policy] <i>or in the member's EOC/SOB</i>"</p> <ul style="list-style-type: none"> ○ Removed "vocational habilitation" ○ Added instruction to refer to the member's EOC/SOB for services that are beyond any visit limits, if any, if specified in the member specific benefit document <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version BIP201.I

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.