

# Habilitative Services

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[Instructions for Use](#)

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• <a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies</a>
• <a href="#">Experimental and Investigational Services</a>
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• <a href="#">Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care</a>

## Federal/State Mandated Regulations

### California Code of Regulations, Title 28, Section 1300.67, Scope of Basic Health Care Services

<https://regulations.justia.com/states/california/title-28/division-1/chapter-2/article-7/section-1300-67/>

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

**Work Hardening/Work Rehabilitation:** 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
11/01/2025	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>• Updated reference link to the <i>California Code of Regulations, Title 28, Section 1300.67</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version BIP201.J</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.