

Marketplace National Regional Benefit Interpretation Document

Benefit Name	ACQUIRED BRAIN INJURY SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses inpatient and outpatient acquired brain injury rehabilitation services, in-home acquired brain injury care, cognitive behavior therapy, coma stimulations, and cognitive rehabilitation under custodial care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>TEXAS:</p> <p>Texas Insurance Code, Title 8. Health Insurance and Other Health Coverages, Subtitle E. Benefits Payable under Health Coverage, Chapter 1352. Brain Injury</p> <p>TIC Section 1352.003- Brain Injury</p> <p>28 TAC Sections 21.3101—21.3105- Brain Injury - Acquired Brain Injury, Including Additional Requirements for Small Employer Plans</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">C. COVERED BENEFITS</div>

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

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

BRAIN INJURY

TEXAS:

Molina covers treatment for Medically Necessary services for an acquired brain injury on the same basis as treatment for other physical conditions. Cognitive rehabilitation and communication therapies, neurocognitive therapy and rehabilitation, neurobehavioral, neuropsychological, neurophysiological and psychophysiological testing and treatment; neurofeedback therapy, remediation, post-acute transition and community integration services, including outpatient day treatment services, or any other post-acute treatment services are covered. Such services must be necessary as a result of and related to an acquired brain injury. Treatment for an acquired brain injury may be provided at a hospital, an acute or post-acute rehabilitation hospital, an assisted living facility or any other facility at which appropriate treatment or therapies may be provided. Covered Services include reasonable expenses for periodic reevaluation of the care of a Member who has incurred an acquired brain injury, has been unresponsive to treatment, and becomes responsive to treatment at a later date. Treatment goals may include the maintenance of function or the prevention or slowing of deterioration.

COVERAGE:

Health benefit plan coverage for an acquired brain injury includes the following services:

- Cognitive rehabilitation therapy
- Cognitive communication therapy
- Neurocognitive therapy and rehabilitation
- Neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and treatment
- Neurofeedback therapy and remediation
- Post-acute transition services and community reintegration services, including outpatient day treatment services or other post-acute care treatment services
- Reasonable expenses related to periodic reevaluation of the care of an individual covered under the plan that has incurred an acquired brain injury, has been unresponsive to treatment, and becomes responsive to treatment at a later date, at which time the cognitive rehabilitation services would be a covered benefit.

The fact that an acquired brain injury does not result in hospitalization or acute care treatment does not affect the right of the Member or Subscriber to receive the preceding treatments or services commensurate with their condition. Post-acute treatment or services may legally be provided, including acute or post-acute rehabilitation hospitals and assisted living facilities regulated under the Health and Safety Code.

Note: RPM Clarification: Rehab limits do not apply to Acquired Brain Injury

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN:
Only medically necessary services related to brain injuries are covered only up to the benefit limit (Clinical)

D. NOT COVERED

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

BRAIN INJURY

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN EXCEPT TEXAS:

Molina and Passport (KY) do not cover all brain injury services only medically necessary and only up to the benefit limit (Clinical)

E. DEFINITIONS

[See Glossary](#)

Acquired Brain Injury: A neurological insult to the brain, which is not hereditary, congenital, or degenerative. The injury to the brain has occurred after birth and results in a change in neuronal activity, which results in an impairment of physical functioning, sensory processing, cognition, or psychosocial behavior.

Acquired Brain Injury Services: Include medically necessary cognitive rehabilitative therapy, Cognitive Communication Therapy, Neurocognitive Rehabilitation, Neurocognitive Therapy, Neurobehavioral Testing, Neurobehavioral Treatment, Neurophysiological Testing, Neurophysiological Treatment, Neuropsychological Testing, Neuropsychological Treatment, and Psychophysiological Testing, Psychophysiological Treatment, Neurofeedback

	<p>Therapy, remediation, post-acute transition services, or Community Reintegration Services necessary as a result of and related to an Acquired Brain Injury.</p> <p>F. POLICY HISTORY/REVISION INFORMATION</p> <table border="1"> <thead> <tr> <th data-bbox="467 485 911 520">Date</th> <th data-bbox="915 485 1359 520">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 527 911 642">4/15/2021</td> <td data-bbox="915 527 1359 642"> <ul style="list-style-type: none"> Added KY 2022 Drafted Language </td> </tr> <tr> <td data-bbox="467 648 911 764">5/14/2021</td> <td data-bbox="915 648 1359 764"> <ul style="list-style-type: none"> Added IL 2022 EOC Language </td> </tr> <tr> <td data-bbox="467 770 911 957">6/28/2021</td> <td data-bbox="915 770 1359 957"> <ul style="list-style-type: none"> Added ID 2022 EOC Language </td> </tr> <tr> <td data-bbox="467 963 911 1060"></td> <td data-bbox="915 963 1359 1060"> <ul style="list-style-type: none"> </td> </tr> </tbody> </table>	Date	Action/Description	4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language 	5/14/2021	<ul style="list-style-type: none"> Added IL 2022 EOC Language 	6/28/2021	<ul style="list-style-type: none"> Added ID 2022 EOC Language 		<ul style="list-style-type: none">
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Procedure Codes (Internal Use Only)	<p>BI Policy Configuration Acquired Brain Injury</p> <p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>										
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p>										

	PA Lookup Tool			
Approval	Departments	Product	CIM	Clinical Management
	Date (Initial)	12/22/2020	12/8/2020	3/16/2021
	Revised (for 1/1/2022)	10/12/2021	2/22/2022	10/20/2021
	Revised (for 1/1/2023)	10/20/2022		10/20/2022