

Marketplace National Regional Benefit Interpretation Document

Benefit Name	COGNITIVE REHABILITATION
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses outpatient and inpatient cognitive rehabilitation therapy and habilitative services. This policy refers to the Acquired Brain Injury Services Benefit Interpretation Policy for applicable coverage guidelines for cognitive rehabilitation.</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;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: California Health and Safety Code Section §1374.73 Mandate coverage of Pervasive Developmental Disorders, including Autism, and behavioral health treatment, e.g., Applied Behavioral Analysis</p> <p>TEXAS: (from Acquired Brain Injury BIP) Texas Insurance Code, Title 8. Health Insurance and Other Health Coverages, Subtitle E. Benefits Payable under Health Coverage, Chapter 1352. Brain Injury TIC Section 1352.003- Brain Injury 28 TAC Sections 21.3101—21.3105- Brain Injury - Acquired Brain Injury, Including Additional Requirements for Small Employer Plans</p>

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

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) and Schedule of Benefits (SOB) to determine coverage eligibility.

COGNITIVE REHABILITATION

CALIFORNIA:

- Outpatient Cognitive Rehabilitation Therapy:
 - Initial neuropsychological testing by a Network provider acting within the scope of his or her license or as authorized under the California law to identify functional deficits and establish a treatment Refer to the Medical Management Guideline
 - Medically necessary treatment of functional deficits due to traumatic brain injury (TBI) or cerebral vascular insult (CVI) or stroke, when the member can actively participate in the program (e.g., is not comatose or a vegetative or minimally conscious state which precludes such active engagement) as documented by the neuropsychological testing.

- Cognitive Rehabilitation Therapy includes a variety of therapy methods (Occupational Therapy, Physical Therapy, Speech Therapy, psychology) that retrain or alleviate problems caused by Traumatic Brain Injury (TBI) or cerebral vascular insult or stroke or when provided by an authorized Autism Behavioral Health Treatment Plan, e.g., deficits of visual processing, language, reasoning, and problem solving.

- Inpatient Cognitive Rehabilitation Therapy when a member also meets criteria for inpatient medical rehabilitation services or otherwise authorized under California Law. Refer to the Benefit Interpretation Policy titled Rehabilitation Services

- Habilitation Services are covered. Molina covers healthcare services and authorized devices that help a person with disabilities or chronic conditions to keep, learn, or improve skills and functioning for daily living. These include physical, speech and occupational therapy and other

services for people with disabilities in a variety of inpatient and/or outpatient settings. Refer to the Benefit Interpretation Policy titled **Rehabilitation Services**

Notes:

- Cognitive Rehabilitation Therapy can be performed by network licensed providers within the scope of their licensure, e.g. occupational, physical and speech therapists/pathologist, neuropsychologist, or a physician.
- Refer to the Benefit Interpretation Policy titled **Skilled Nursing Facility (SNF)**

FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO:

- Outpatient Cognitive Rehabilitation Therapy:
 - Initial neuropsychological testing by a contracting physician or licensed provider to identify functional deficits and establish a treatment plan
 - Medically necessary treatment of functional deficits due to traumatic brain injury (TBI)
- Cognitive Rehabilitation Therapy includes a variety of therapy methods (Occupational Therapy, Physical Therapy, Speech Therapy, psychology) that retrain or alleviate problems caused by Traumatic Brain Injury (TBI) or cerebral vascular insult or stroke, e.g., deficits of visual processing, language, reasoning and problem solving.
- Inpatient Cognitive Rehabilitation Therapy when a member also meets criteria for inpatient medical rehabilitation services. Refer to the Benefit Interpretation Policy titled **Rehabilitation Services**
- Habilitative Services may be covered. Refer to Benefit Interpretation Policy titled **Rehabilitation Services**

Notes:

- Cognitive Rehabilitation Therapy can be performed by network licensed providers within the scope of their licensure, e.g. occupational, physical and speech therapists/pathologist, neuropsychologist, or a physician.
- Refer to the Benefit Interpretation Policy titled Skilled Nursing Facility (SNF).

KENTUCKY:

- Outpatient Cognitive Rehabilitation Therapy:

- Initial neuropsychological testing by a contracting physician or licensed provider to identify functional deficits and establish a treatment plan
- Medically necessary treatment of functional deficits due to traumatic brain injury (TBI)
- Cognitive Rehabilitation Therapy includes a variety of therapy methods (Occupational Therapy, Physical Therapy, Speech Therapy, psychology) that retrain or alleviate problems caused by Traumatic Brain Injury (TBI) or cerebral vascular insult or stroke, e.g., deficits of visual processing, language, reasoning and problem solving.
- Rehabilitation Services include:
 - Cognitive Rehabilitation Therapy (20 visit limit per calendar year)
Refer to the Benefit Interpretation Policy titled **Rehabilitation Services** for more information
- Inpatient Cognitive Rehabilitation Therapy when a member also meets criteria for inpatient medical rehabilitation services
- Habilitative Services may be covered. Refer to Benefit Interpretation Policy titled **Rehabilitation Services**

TEXAS:

- Refer to Benefit Interpretation Policy titled **Acquired Brain Injury**
- **Habilitation Services:** Molina covers healthcare services and authorized devices that help a person keep, learn, or improve skills and functioning for daily living. These include physical, speech and occupational therapy and other services for people with disabilities in a variety of inpatient and/or outpatient settings. Services include certain therapies for children with developmental delays in accordance with state law and an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code.

SOUTH CAROLINA, UTAH, WISCONSIN:

- Outpatient Cognitive Rehabilitation Therapy:
 - Initial neuropsychological testing by a contracting physician or licensed provider to identify functional deficits and establish a treatment plan
 - Medically necessary treatment of functional deficits due to traumatic brain injury (TBI)
- Cognitive Rehabilitation Therapy includes a variety of therapy methods (Occupational Therapy, Physical Therapy, Speech Therapy, psychology)

that retrain or alleviate problems caused by Traumatic Brain Injury (TBI) or cerebral vascular insult or stroke, e.g., deficits of visual processing, language, reasoning and problem solving.

- Inpatient Cognitive Rehabilitation Therapy when a member also meets criteria for inpatient medical rehabilitation services. Refer to the Benefit Interpretation Policy titled **Rehabilitation Services**
- Habilitative Services may be covered. Refer to Benefit Interpretation Policy titled **Rehabilitation Services**

Notes:

- Cognitive Rehabilitation Therapy can be performed by network licensed providers within the scope of their licensure, e.g. occupational, physical and speech therapists/pathologist, neuropsychologist, or a physician.
- Refer to the Benefit Interpretation Policy titled **Skilled Nursing Facility (SNF)**

WASHINGTON:

- Outpatient Cognitive Rehabilitation Therapy:
 - Initial neuropsychological testing by a Network provider to identify functional deficits and establish a treatment plan
 - Medically necessary treatment of functional deficits due to traumatic brain injury (TBI) or cerebral vascular insult (CVI) or stroke, when the member can actively participate in the program (e.g., is not comatose or a vegetative or minimally conscious state which precludes such active engagement) as documented by the neuropsychological testing.
- Cognitive Rehabilitation Therapy includes a variety of therapy methods (Occupational Therapy, Physical Therapy, Speech Therapy, psychology) that retrain or alleviate problems caused by Traumatic Brain Injury (TBI) or cerebral vascular insult or stroke, e.g., deficits of visual processing, language, reasoning and problem solving.
- Inpatient Cognitive Rehabilitation Therapy when a member also meets criteria for inpatient medical rehabilitation services. Refer to the Benefit Interpretation Policy titled **Rehabilitation Services**
- Habilitation Services (Outpatient limitation of 25 visits/Inpatient limitation of 30 days) are covered for Washington. Molina covers healthcare services and devices that help a person keep, learn, or improve skills and functioning for daily living. These include physical,

speech, occupational therapy, aural therapy, and other services for people with disabilities in a variety of inpatient and/or outpatient settings. Services are limited to 25 visits per calendar year (This limitation does not apply to Covered Services for autism spectrum disorders).

Notes:

- Cognitive Rehabilitation Therapy can be performed by network licensed providers within the scope of their licensure, e.g. occupational, physical and speech therapists/pathologist, neuropsychologist, or a physician.
- Refer to the Benefit Interpretation Policy titled Skilled Nursing Facility (SNF).

COMA STIMULATION

ALL STATES:

Molina and Passport cover coma stimulation per diem (S9056)

MORE INFORMATION

Refer to the Benefit Interpretation Policy titled **Rehabilitation Services**

D. NOT COVERED

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

COGNITIVE REHABILITATION

ALL STATES:

- Cognitive Rehabilitation Therapy for any condition other than listed in Covered Benefits section
- Cognitive Rehabilitation Therapy for a member who is in a vegetative state
- Cognitive Behavioral Therapy unless medical criteria are met and provided by a network provider acting within the scope of his or her license or as authorized under state law (also known as cognitive therapy for California).
- In-home Cognitive Rehabilitation Therapy unless documented to be medically necessary and is prior authorized by the member's Primary Medical Group or Molina Healthcare Inc. **Note:** In-home cognitive rehabilitation is considered home health and is subject to the applicable home visit co-payment/coinsurance, deductibles, and benefit limitations, if any. Refer to the member's EOC/SOB.
- Assisted living facilities or residential living settings (not licensed as a Skilled Nursing Facility).

- Community integration programs (service do not require the skills of a healthcare professional)
- Cognitive Rehabilitative Therapy for a member who is receiving custodial care.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

Procedure Codes (Internal Use Only)

Refer to Benefit Interpretation Policies titled **Acquired Brain Injury, Mental Health** and **Rehabilitation/Habilitation Services**

Neuropsych testing is in the Behavioral Health Benefits. Coma stimulation is in the Professional Benefits.

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.

Neuropsychological Testing

96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and

96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and

	<p>96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes</p> <p>96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p>96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</p> <p>96139 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p>96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</p> <p>Cognitive Therapy</p> <table border="1" data-bbox="467 877 1312 955"> <tr> <td>CPT 97129</td> <td>THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES</td> </tr> <tr> <td>CPT 97130</td> <td>THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES</td> </tr> </table> <p>Coma Stimulation</p> <table border="1" data-bbox="467 1031 1312 1071"> <tr> <td>CPT S9056</td> <td>COMA STIMULATION PER DIEM</td> </tr> </table>	CPT 97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	CPT 97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	CPT S9056	COMA STIMULATION PER DIEM						
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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> <p>PA Lookup Tool</p>												
Approval	<table border="1" data-bbox="446 1352 1393 1528"> <thead> <tr> <th>Departments</th> <th>Product</th> <th>CIM</th> <th>Clinical Management</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>2/1/2022</td> <td>3/3/2022</td> <td>11/30/2021</td> </tr> <tr> <td>Revised (for 1/1/2023)</td> <td>10/27/2022</td> <td></td> <td>10/27/2022</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	2/1/2022	3/3/2022	11/30/2021	Revised (for 1/1/2023)	10/27/2022		10/27/2022
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