

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), RItE Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

## Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

## Description

Cognitive rehabilitation comprises a variety of therapeutic activities that, when delivered as an inpatient or outpatient, are designed to retrain an individual's ability to think and use judgment to make decisions. The techniques used for cognitive rehabilitation attempt to help a patient to reduce, manage, or cope with the cognitive deficits caused by brain injury and may include learning how to do things differently when functions cannot be restored to the pre-injury level. Cognitive rehabilitation may be performed individually, in groups, or both, depending upon the needs of the individual and may include intensive therapy by speech-language pathologists, physical therapists, occupational therapists, and neuropsychologists.

## Criteria

All the following criteria must be met to qualify for cognitive rehabilitation:

- Diagnosis of TBI, acute brain insult, or acute CVA
- The service must be ordered by the attending physician and be part of a written plan of care
- The member must be willing and capable to participate in the treatment plan
- Documented potential to show measurable functional gains within a predetermined timeframe
- History of compliance with treatment plan
- The individual's mental and physical condition prior to the injury indicates there is significant potential for improvement and the individual must have no lasting or major treatment impediment that prevents progress, such as severe dementia
- In the presence of a recent or current history of unresolved behavioral health issues or substance abuse, an active treatment program with demonstrated compliance is an integral part of the proposed cognitive rehab program
- Viable discharge placement alternatives are identified during the assessment for admission to the program

- The treating physician should review the treatment plan to assess the continued need for participation and documented objective evidence of progress

When cognitive rehabilitation is performed by a physical, occupational and/or speech therapist as part of the outpatient rehabilitation /therapy program for patients who are eligible, these services will be counted toward any applicable therapy visit limits.

#### Inpatient Cognitive Rehabilitation Programs

All of the above criteria must be met as well as the following:

- Constant supervision required 24/7 due to poor judgment and safety concerns.
- An alternative level of care cannot provide the intensity of services required for the treatment of the cognitive deficits.

#### Continued Treatment for Cognitive Rehabilitation

All of the following criteria must be met to extend authorization of a cognitive rehabilitation program:

- Established interim goals are met.
- Member demonstrates quantifiable rates of improvement on functional abilities.
- Evidence of compliance – ability, willingness, and active participation in treatment program.
- An alternative level of care cannot provide the intensity of services required for the treatment of the cognitive deficits.

#### **Authorization Request Forms**

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

#### **Exclusions**

- There is insufficient evidence in the published medical literature to support the use of cognitive rehabilitation for any condition other than traumatic brain injury, acute brain insult, or CVA.
- Vocational rehabilitation is not a covered benefit. If this is the primary focus of a cognitive rehabilitation program, then coverage will not be provided.
- Coma stimulation is unproven and considered not medically necessary for the treatment of comatose or minimally responsive patients who have sustained a brain injury due to lack of sufficient evidence.

**CMP Cross Reference:**

<b>Created:</b>	11/30/11
<b>Annual Review Month:</b>	March
<b>Review Dates:</b>	10/23/13, 1/21/2014, 1/6/2015, 12/15/2016, 1/9/18, 1/4/19, 3/4/20, 3/10/21, 03/16/22, 3/8/23, 2/14/24
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<b>Medical Director Approval Dates:</b>	11/13/12, 1/28/2014, 1/6/2015, 1/5/2016, 2/16/2017, 4/12/18, 1/9/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24
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**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

Brain Injury Resource Center, *Cognitive Rehabilitation*, Source: NIH Pub.No.98-4315

Cicerone, KD et al. *Evidence-based Cognitive Rehabilitation*: Updated review of the literature from 2003 through 2008. Arch Phys Med Rehabil, 2011, Apr; 92(4): 519-530.

Cicerone, KD et al. *A Randomized Controlled Trial of Holistic Neuropsychiatric Rehabilitation after Traumatic Brain Injury*. Arch Phys Med Rehabil 2008, Dec; 89(12): 2239-2249.

Consensus Conference. *Rehabilitation of persons with traumatic brain injury*. NIH Consensus Development panel on Rehabilitation of Persons with Traumatic Brain Injury. JAMA 1999 Sep 8; 282(10): 989-991 and JAMA 2000 May 10; 283(18): 2392.

Local Coverage Determination for Outpatient Physical and Occupational Therapy Services (L29833);

CPT 97532: Cognitive Rehabilitation

Turner-Stokes, L et al. *Multi-disciplinary rehabilitation for acquired brain injury in adults of working age*. Cochrane database Syst Rev, 2005 Jul 20(3): CD004170.