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Preauthorization	Yes	Review Dates: 04/07, 05/08, 05/09, 05/10, 09/10, 09/11, 07/12, 05/13, 05/14	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is required through behavioral health services vendor for traumatic brain injury; otherwise preauthorization is not required but is recommended if, despite this Protocol position, you feel this service is medically necessary.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

Description

Cognitive rehabilitation is a therapeutic approach designed to improve cognitive functioning after central nervous system insult. It includes an assembly of therapy methods that retrain or alleviate problems caused by deficits in attention, visual processing, language, memory, reasoning, problem solving, and executive functions. Cognitive rehabilitation consists of tasks designed to reinforce or re-establish previously-learned patterns of behavior or to establish new compensatory mechanisms for impaired neurologic systems. Cognitive rehabilitation may be performed by a physician, psychologist, or a physical, occupational, or speech therapist.

Background

Cognitive rehabilitation must be distinguished from occupational therapy; occupational therapy describes rehabilitation that is directed at specific environments (i.e., home or work). In contrast, cognitive rehabilitation consists of tasks designed to develop memory, language, and reasoning skills that can then be applied to specific environments, as described by occupational therapy codes.

Sensory integrative therapy may be considered a component of cognitive rehabilitation. However, sensory integration therapy is considered in a separate Protocol.

Related Protocol

Sensory Integration Therapy

Policy (Formerly Corporate Medical Guideline)

Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) may be considered **medically necessary** in the rehabilitation of patients with traumatic brain injury.

Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) is considered **investigational** for all other applications, including, but not limited to, stroke, post-encephalitic or post-encephalopathy patients, autism spectrum disorders, seizure disorders, and the aging population, including Alzheimer's patients.

Policy Guideline

For services to be considered medically necessary, they must be provided by a qualified licensed professional and must be prescribed by the attending physician as part of the written care plan. In addition, there must be a potential for improvement (based on pre-injury function) and patients must be able to actively participate in the program. (Active participation requires sufficient cognitive function to understand and participate in the program as well as adequate language expression and comprehension, i.e., participants should not have severe aphasia.) Ongoing services are considered necessary only when there is demonstrated continued objective improvement in function.

Duration and intensity of cognitive rehabilitation therapy programs vary. One approach for comprehensive cognitive rehabilitation is a 16-week outpatient program consisting of five hours of therapy a day, four days a week. In this approach, cognitive group treatment occurs for three two-hour sessions each week and three one-hour individual sessions (total of nine hours per week). (In one study, control patients received 12 to 24 hours per week of comprehensive standard outpatient rehabilitation services.) Cognitive rehabilitation programs for specific defects, e.g., memory training, are less intensive, and generally have one or two sessions (30 or 60 minutes) per week for four to 10 weeks.

Benefit Application

Contractual limitations on rehabilitative services may apply.

Medicare Advantage

Cognitive Rehabilitation may be **medically necessary** for persons with acquired cognitive defects resulting from head trauma, or acute neurologic events including cerebrovascular accidents. It is **not medically necessary** for patients with chronic progressive brain conditions with no potential restoration.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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