

## Cognitive Rehabilitation

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 09/01/2023
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary cognitive rehabilitation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Cognitive Rehabilitation** – Therapeutic activities designed to improve cognitive function and retrain an individual's ability to think, use judgment and make decisions. The focus of these therapeutic activities is to improve deficits in memory, attention, perception, visual processing, language, reasoning, learning, planning, judgment, and problem-solving.

### PROCEDURES

Prior authorization is required.

Cognitive rehabilitation, as a distinct and definable component of the rehabilitation process, may be considered medically necessary for the rehabilitation of traumatic and acquired brain injury including but

not limited to brain hemorrhage, cerebral thrombosis, concussion, fractured skull and post-traumatic encephalopathy, anoxic brain damage, and infectious disease such as encephalitis.

Cognitive rehabilitation may be considered medically necessary for individuals who are able to interactively participate in the therapy and are expected to make significant cognitive improvement and ALL of the following:

- The services must be ordered by the attending physician and be part of a written plan of care; and
- The service is so complex that it can only be performed by a qualified licensed professional; and
- The individual is capable of actively participating in the program and capable, by mental status, of demonstrating responsiveness to verbal or visual stimuli and able to follow commands and process and retain information; and
- The individual's mental and physical condition prior to the injury indicates there is significant potential for improvement (e.g., a complete recovery of pre-injury memory, language or reasoning skills is not required, but there must be a reasonable expectation of improvement that is of practical value to the individual, measured against the individual's condition at the start of the rehabilitation program), and the individual must have no lasting or major treatment impediment that prevents progress, such as severe dementia; and
- The individual is expected to show measurable functional improvement within a predetermined timeframe (depending on the underlying diagnosis or medical condition) from the start of cognitive rehabilitation therapy. Goals and expected timeframes can be addressed before the onset of treatment; and
- The attending physician must review the treatment plan periodically to assess the continued need for participation and document objective evidence of the individual's progress; and
- Neuropsychological testing has been performed and neuropsychological results will be used in treatment-planning and redirecting rehabilitation strategies.

Cognitive rehabilitation provided for any other condition will be denied as experimental/investigational and, therefore, noncovered. The safety and effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

A maintenance therapy program includes activities that maintain the individual's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further functional progress is apparent or expected to occur. Maintenance therapy is not an eligible service.

### **Post-payment Audit Statement**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### **Place of Service: Inpatient/Outpatient**

Cognitive Rehabilitation is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

CPT code	Description
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure).

**Diagnosis codes for procedure codes 97129 and 97130**

F07.0	F07.9	F07.81	F07.89	F09	F44.4	F48.2
G92	G93.1	G93.40	G93.41	I60.2	I60.4	I60.6
I60.7	I60.8	I60.9	I60.00	I60.01	I60.02	I60.10
I60.11	I60.12	I60.30	I60.31	I60.32	I60.50	I60.51
I60.52	I61.0	I61.1	I61.2	I61.3	I61.4	I61.5
I61.6	I61.8	I61.9	I62.1	I62.9	I62.00	I62.01
I62.02	I62.03	I63.6	I63.8	I63.9	I63.00	I63.02
I63.09	I63.10	I63.12	I63.19	I63.20	I63.22	I63.29
I63.30	I63.39	I63.40	I63.49	I63.50	I63.59	I63.011
I63.012	I63.013	I63.019	I63.031	I63.032	I63.033	I63.039
I63.111	I63.112	I63.113	I63.119	I63.131	I63.132	I63.133
I63.139	I63.211	I63.212	I63.213	I63.219	I63.231	I63.232
I63.233	I63.239	I63.311	I63.312	I63.313	I63.319	I63.321
I63.322	I63.323	I63.329	I63.331	I63.332	I63.333	I63.339
I63.341	I63.342	I63.343	I63.349	I63.411	I63.412	I63.413
I63.419	I63.421	I63.422	I63.423	I63.429	I63.431	I63.432
I63.433	I63.439	I63.441	I63.442	I63.443	I63.449	I63.511
I63.512	I63.513	I63.519	I63.521	I63.522	I63.523	I63.529
I63.531	I63.532	I63.533	I63.539	I63.541	I63.542	I63.543
I63.549	I65.1	I65.8	I65.9	I65.01	I65.02	I65.03
I65.09	I65.21	I65.22	I65.23	I65.29	I66.3	I66.8
I66.9	I66.01	I66.02	I66.03	I66.09	I66.11	I66.12
I66.13	I66.19	I66.21	I66.22	I66.23	I66.29	I69.010
I69.011	I69.012	I69.013	I69.014	I69.015	I69.018	I69.019
I69.020	I69.021	I69.022	I69.023	I69.028	I69.110	I69.111
I69.112	I69.113	I69.114	I69.115	I69.118	I69.119	I69.120
I69.121	I69.122	I69.123	I69.128	I69.210	I69.211	I69.212
I69.213	I69.214	I69.215	I69.218	I69.219	I69.220	I69.221
I69.222	I69.223	I69.228	I69.310	I69.311	I69.312	I69.313
I69.314	I69.315	I69.318	I69.319	I69.320	I69.321	I69.322
I69.323	I69.328	I69.810	I69.811	I69.812	I69.813	I69.814

I69.815	I69.818	I69.819	I69.820	I69.821	I69.822	I69.823
I69.828	I69.910	I69.911	I69.912	I69.913	I69.914	I69.915
I69.918	I69.919	I69.920	I69.921	I69.922	I69.923	I69.928
S01.90XA	S01.90XD	S01.90XS	S02.0XXA	S02.0XXB	S02.0XXD	S02.0XXG
S02.0XXK	S02.0XXS	S02.11AA	S02.11AB	S02.11AD	S02.11AG	S02.11AK
S02.11AS	S02.11BA	S02.11BB	S02.11BD	S02.11BG	S02.11BK	S02.11BS
S02.11CA	S02.11CB	S02.11CD	S02.11CG	S02.11CK	S02.11CS	S02.11DA
S02.11DB	S02.11DD	S02.11DG	S02.11DK	S02.11DS	S02.11EA	S02.11EB
S02.11ED	S02.11EG	S02.11EK	S02.11ES	S02.11FA	S02.11FB	S02.11FD
S02.11FG	S02.11FK	S02.11FS	S02.11GA	S02.11GB	S02.11GD	S02.11GG
S02.11GK	S02.11GS	S02.11HA	S02.11HB	S02.11HD	S02.11HG	S02.11HK
S02.11HS	S02.19XA	S02.19XB	S02.19XD	S02.19XG	S02.19XK	S02.19XS
S02.91XA	S02.91XB	S02.91XD	S02.91XG	S02.91XK	S02.91XS	S02.92XA
S02.92XB	S02.92XD	S02.92XG	S02.92XK	S02.92XS	S02.101A	S02.101B
S02.101D	S02.101G	S02.101K	S02.101S	S02.102A	S02.102B	S02.102D
S02.102G	S02.102K	S02.102S	S02.109A	S02.109B	S02.109D	S02.109G
S02.109K	S02.109S	S02.110A	S02.110B	S02.110D	S02.110G	S02.110K
S02.110S	S02.111A	S02.111B	S02.111D	S02.111G	S02.111K	S02.111S
S02.112A	S02.112B	S02.112D	S02.112G	S02.112K	S02.112S	S02.113A
S02.113B	S02.113D	S02.113G	S02.113K	S02.113S	S02.118A	S02.118B
S02.118D	S02.118G	S02.118K	S02.118S	S02.119A	S02.119B	S02.119D
S02.119G	S02.119K	S02.119S	S06.0X0A	S06.0X0D	S06.0X0S	S06.0X1A
S06.0X1D	S06.0X1S	S06.0X9A	S06.0X9D	S06.1X0A	S06.1X0D	S06.1X0S
S06.1X1A	S06.1X1D	S06.1X1S	S06.1X2A	S06.1X2D	S06.1X2S	S06.1X3A
S06.1X3D	S06.1X3S	S06.1X4A	S06.1X4D	S06.1X4S	S06.1X5A	S06.1X5D
S06.1X5S	S06.1X6A	S06.1X6D	S06.1X6S	S06.1X7A	S06.1X7D	S06.1X7S
S06.1X8A	S06.1X8D	S06.1X8S	S06.1X9A	S06.1X9D	S06.1X9S	S06.2X0A
S06.2X0D	S06.2X0S	S06.2X1A	S06.2X1D	S06.2X1S	S06.2X2A	S06.2X2D
S06.2X2S	S06.2X3A	S06.2X3D	S06.2X3S	S06.2X4A	S06.2X4D	S06.2X4S
S06.2X5A	S06.2X5D	S06.2X5S	S06.2X6A	S06.2X6D	S06.2X6S	S06.2X7A
S06.2X7D	S06.2X7S	S06.2X8A	S06.2X8D	S06.2X8S	S06.2X9A	S06.2X9D
S06.2X9S	S06.4X0A	S06.4X0D	S06.4X0S	S06.4X1A	S06.4X1D	S06.4X1S
S06.4X2A	S06.4X2D	S06.4X2S	S06.4X3A	S06.4X3D	S06.4X3S	S06.4X4A
S06.4X4D	S06.4X4S	S06.4X5A	S06.4X5D	S06.4X5S	S06.4X6A	S06.4X6D
S06.4X6S	S06.4X7A	S06.4X7D	S06.4X7S	S06.4X8A	S06.4X8D	S06.4X8S
S06.4X9A	S06.4X9D	S06.4X9S	S06.5X0A	S06.5X0D	S06.5X0S	S06.5X1A
S06.5X1D	S06.5X1S	S06.5X2A	S06.5X2D	S06.5X2S	S06.5X3A	S06.5X3D
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S06.6X3A	S06.6X3D	S06.6X3S	S06.6X4A	S06.6X4D	S06.6X4S	S06.6X5A
S06.6X5D	S06.6X5S	S06.6X6A	S06.6X6D	S06.6X6S	S06.6X7A	S06.6X7D
S06.6X7S	S06.6X8A	S06.6X8D	S06.6X8S	S06.6X9A	S06.6X9D	S06.6X9S
S06.9X0A	S06.9X0D	S06.9X0S	S06.9X1A	S06.9X1D	S06.9X1S	S06.9X2A
S06.9X2D	S06.9X2S	S06.9X3A	S06.9X3D	S06.9X3S	S06.9X4A	S06.9X4D
S06.9X4S	S06.9X5A	S06.9X5D	S06.9X5S	S06.9X6A	S06.9X6D	S06.9X6S

S06.9X7A	S06.9X7D	S06.9X7S	S06.9X8A	S06.9X8D	S06.9X8S	S06.9X9A
S06.9X9D	S06.9X9S	S06.300A	S06.300D	S06.300S	S06.301A	S06.301D
S06.301S	S06.302A	S06.302D	S06.302S	S06.303A	S06.303D	S06.303S
S06.304A	S06.304D	S06.304S	S06.305A	S06.305D	S06.305S	S06.306A
S06.306D	S06.306S	S06.307A	S06.307D	S06.307S	S06.308A	S06.308D
S06.308S	S06.309A	S06.309D	S06.309S	S06.310A	S06.310D	S06.310S
S06.311A	S06.311D	S06.311S	S06.312A	S06.312D	S06.312S	S06.313A
S06.313D	S06.313S	S06.314A	S06.314D	S06.314S	S06.315A	S06.315D
S06.315S	S06.316A	S06.316D	S06.316S	S06.317A	S06.317D	S06.317S
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S06.323A	S06.323D	S06.323S	S06.324A	S06.324D	S06.324S	S06.325A
S06.325D	S06.325S	S06.326A	S06.326D	S06.326S	S06.327A	S06.327D
S06.327S	S06.328A	S06.328D	S06.328S	S06.329A	S06.329D	S06.329S
S06.330A	S06.330D	S06.330S	S06.331A	S06.331D	S06.331S	S06.332A
S06.332D	S06.332S	S06.333A	S06.333D	S06.333S	S06.334A	S06.334D
S06.334S	S06.335A	S06.335D	S06.335S	S06.336A	S06.336D	S06.336S
S06.337A	S06.337D	S06.337S	S06.338A	S06.338D	S06.338S	S06.339A
S06.339D	S06.339S	S06.340A	S06.340D	S06.340S	S06.341A	S06.341D
S06.342A	S06.342D	S06.342S	S06.343A	S06.343D	S06.343S	S06.344A
S06.344D	S06.344S	S06.345A	S06.345D	S06.345S	S06.346A	S06.346D
S06.346S	S06.347A	S06.347D	S06.347S	S06.348A	S06.348D	S06.348S
S06.349A	S06.349D	S06.349S	S06.350A	S06.350D	S06.350S	S06.351A
S06.351D	S06.351S	S06.352A	S06.352D	S06.352S	S06.353A	S06.353D
S06.353S	S06.354A	S06.354D	S06.354S	S06.355A	S06.355D	S06.355S
S06.356A	S06.356D	S06.356S	S06.357A	S06.357D	S06.357S	S06.358A
S06.358D	S06.358S	S06.359A	S06.359D	S06.359S	S06.360A	S06.360D
S06.360S	S06.361A	S06.361D	S06.361S	S06.362A	S06.362D	S06.362S
S06.363A	S06.363D	S06.363S	S06.364A	S06.364D	S06.364S	S06.365A
S06.365D	S06.365S	S06.366A	S06.366D	S06.366S	S06.367A	S06.367D
S06.367S	S06.368A	S06.368D	S06.368S	S06.369A	S06.369D	S06.369S
S06.810A	S06.810D	S06.810S	S06.811A	S06.811D	S06.811S	S06.812A
S06.812D	S06.812S	S06.813A	S06.813D	S06.813S	S06.814A	S06.814D
S06.814S	S06.815A	S06.815D	S06.815S	S06.816A	S06.816D	S06.816S
S06.817A	S06.817D	S06.817S	S06.818A	S06.818D	S06.818S	S06.819A
S06.819D	S06.819S	S06.820A	S06.820D	S06.820S	S06.821A	S06.821D
S06.821S	S06.822A	S06.822D	S06.822S	S06.823A	S06.823D	S06.823S
S06.824A	S06.824D	S06.824S	S06.825A	S06.825D	S06.825S	S06.826A
S06.826D	S06.826S	S06.827A	S06.827D	S06.827S	S06.828A	S06.828D
S06.828S	S06.829A	S06.829D	S06.829S	S06.890A	S06.890D	S06.890S
S06.891A	S06.891D	S06.891S	S06.892A	S06.892D	S06.892S	S06.893A
S06.893D	S06.893S	S06.894A	S06.894D	S06.894S	S06.895A	S06.895D
S06.895S	S06.896A	S06.896D	S06.896S	S06.897A	S06.897D	S06.897S
S06.898A	S06.898D	S06.898S	S06.899A	S06.899D	S06.899S	T75.1XXA
T75.1XXD	T75.1XXS	F20.9				

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

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## POLICY UPDATE HISTORY

09/20/2021	Approved in Medical Policy Committee
10/2021	Approved in QI/UM
06/22/2022	Annual review; approved in Medical Policy Committee
07/2022	Approved in QI/UM
05/15/2023	Annual review; approved in Medical Policy Committee
05/30/2023	Approved in QI/UM