Subject: Cognitive Rehabilitation Therapy*

Effective Date: July 29, 2003

Department(s): Utilization Management

Policy: Cognitive rehabilitation therapy is reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement for a medically necessary service.

Procedure:

A. Cognitive rehabilitation therapy shall be considered as a therapy service in the same sense as occupational therapy or physical therapy.

B. Requests for cognitive therapy shall include the following information:

1. Acute change in cognitive status related to an organic event affecting the brain, which has a clear impact on activities of daily living, including but not limited to:
   a. Trauma
   b. Brain Surgery
   c. Stroke
   d. Hypoxia
   e. Infection

2. Report of a detailed history and physical examination related to the brain condition to be addressed by the requested cognitive therapy.

3. Ability to participate in an active program of therapy
4. Realistic potential for significant recovery and benefit from a 
cognitive rehabilitation program

5. Short-term and long-term functionally-based goals that can be 
documented and measured, and that address cognitive 
impairment affecting routine daily function that is pre-
vocational in nature

6. A treatment program requiring skilled therapies

C. Conditions for which cognitive rehabilitation therapy shall not be 
reimbursable include, but are not limited to:

1. Dementia
2. Mental Retardation/Developmental Delay
3. Cerebral Palsy
4. Vegetative or Custodial States
5. Autism or other Pervasive Developmental Disorder

D. For outpatient cognitive rehabilitation therapy, the limits on 
therapeutic sessions per calendar year that apply to other therapy 
services shall also apply to cognitive therapy services.

E. For inpatient cognitive rehabilitation therapy, the request must 
document a need for a specialized brain injury interdisciplinary 
team approach that could not reasonably be expected to be 
available in a less intense setting.

F. A neurologist, physiatrist, or clinical neuropsychologist who shall 
be identified in the initial request for this service shall direct all 
cognitive rehabilitation therapy.

G. All requests for cognitive rehabilitation therapy shall be reviewed 
by the medical director.

References


Giles GM. Cognitive versus functional approaches to rehabilitation after traumatic brain injury: commentary on 
a randomized controlled trial. Am J Occup Ther. 2010; 64(1):182-185 (Jan-Feb)


Dobkin BH. Strategies for stroke rehabilitation. Lancet Neurol 2004;3(9):528-536 (Sep)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.