

Cognitive Rehabilitation

Policy Number: BIP142.N
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[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> • Autism Spectrum Disorder • Habilitative Services • Inpatient and Outpatient Mental Health • Rehabilitation Services (Physical, Occupational, and Speech Therapy) • Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care

Related Medical Policies
<ul style="list-style-type: none"> • Cognitive Rehabilitation and Coma Stimulation • Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.

Outpatient Cognitive Habilitation and Rehabilitation Therapy

Refer to the following Medical Policies titled:

- [Cognitive Rehabilitation and Coma Stimulation](#)
- [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#)

California Small Groups: Neuropsychological testing by a provider acting within the scope of his or her license or as authorized under California law and the medically necessary treatment of functional deficits due to a traumatic brain injury or cerebral vascular insult or when provided as part of an authorized autism behavioral health treatment plan.

Inpatient Cognitive Habilitative and Rehabilitation Therapy

Coverage for inpatient cognitive habilitative and rehabilitative therapy will be covered when a member also meets criteria for inpatient medical rehabilitation services.

- Refer to the Medical Policies titled [Cognitive Rehabilitation and Coma Stimulation](#) and [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#).
- Refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#).

Habilitative Services

- Habilitative services may or may not be covered; refer to member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.
- Habilitative services shall be covered under the same terms and conditions applied to rehabilitative and habilitative services under the plan contract.
- If request is for physical therapy, speech therapy, or occupational therapy services that are habilitative in nature, refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#) or [Habilitative Services](#).

Notes:

- Cognitive habilitative and rehabilitation therapy can be performed by 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 \(SNF\): Skilled Nursing Facility \(SNF\) Care](#).

Not Covered

- Cognitive behavioral therapy unless medically necessary and provided by a provider acting within the scope of his or her license or as authorized under California law, also known as cognitive therapy
- Cognitive habilitative and rehabilitation therapy for any condition other than listed in *Covered Benefits* section
- **California Large Groups:** Neuropsychological testing for treatment of functional deficits due to a traumatic brain injury or cerebral vascular insult or when provided as part of an authorized autism behavioral health treatment plan
- In-home cognitive rehabilitation therapy unless documented to be medically necessary and is prior authorized by the member's primary medical group or UnitedHealthcare

Note: In-home cognitive rehabilitation is considered home health and is subject to the applicable home health visit co-payment/coinsurance, deductibles, and benefit limitations, if any. Refer to the member's EOC/SOB.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Covered Benefits <i>Outpatient Cognitive Habilitation and Rehabilitation Therapy</i></p> <ul style="list-style-type: none"> • Removed instruction to refer to the Medical Policy titled <i>Neuropsychological Testing Under the Medical Benefit</i> <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services for California Large Groups; added "neuropsychological testing for treatment of functional deficits due to a traumatic brain injury or cerebral vascular insult or when provided as part of an authorized autism behavioral health treatment plan" <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP142.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.