Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Cognitive Rehabilitation

Policy Number: HS-095

Original Effective Date: 4/2/2009


APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

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

Individualized, structured cognitive rehabilitation programs are effective in facilitating recovery in selected patients with traumatic head injury, acute brain insult or stroke. There is insufficient evidence, however, to support the use
of cognitive rehabilitation for the treatment of mild traumatic brain injury. Cognitive rehabilitation has also been proposed for numerous other conditions that cause impaired cognitive function, including dementia, cerebral palsy, attention deficit disorder, schizophrenia, pervasive developmental disorders, learning disabilities and developmental delay. There is insufficient evidence in the published medical literature to support the use of cognitive rehabilitation for these conditions. Additional recommendations and information can be found in the Reference section below:

- Brain Injury Association of America’s 2006 position paper on cognitive rehabilitation
- The National Academy of Neuropsychology’s 2006 official statement on cognitive rehabilitation
- The National Institutes of Health, & National Institute of Child Health and Human Development’s 1999 report of the NIH Consensus Development Conference on the Rehabilitation of Persons with Traumatic Brain Injury

**POSITION STATEMENT**

**Applicable To:**
- Medicaid
- Medicare

**Exclusions**

Cognitive rehabilitation is considered experimental and investigational for the following indications:

1. Dementia (e.g., from Alzheimer’s disease, Parkinson’s disease);
2. Cognitive decline in multiple sclerosis, or following brain surgery (e.g., frontal lobectomy), and behavioral/psychiatric disorders such as attention-deficit/hyperactivity disorder (ADHD), schizophrenia;
3. Pervasive developmental disorders including autism;
4. Mental retardation;
5. Cerebral palsy; OR
6. Any indication not listed in the medically necessary section above.

Cognitive rehabilitation is considered experimental and investigational for the treatment of children and adolescents with cognitive deficits of any etiology.

**Coverage**

Cognitive rehabilitation is considered medically necessary as adjunctive treatment of cognitive deficits (e.g., attention, language, memory, reasoning, executive functions, problem solving, and visual processing) when ALL of the following are met:

1. Cognitive deficits have been acquired as a result of neurologic impairment due to traumatic brain injury (TBI), stroke, or encephalopathy; AND,
2. Member has been seen and evaluated by a neuropsychiatrist or neuropsychologist; AND,
3. Neuropsychological testing has been performed and neuropsychological results will be used in treatment-planning and directing rehabilitation strategies; AND,
4. Member is expected to make significant cognitive improvement (e.g., is not in a vegetative/custodial state).

NOTE: Cognitive rehabilitation is considered medically necessary for encephalopathy due to HIV when medical necessity criteria in guideline section 1 above are met.

NOTE: Rehabilitation for visuospatial deficits generally entails 20 1-hour sessions delivered over the course of 4 weeks. For language and communication deficits, patients usually receive 8 hours of weekly therapy, beginning at 4 weeks post-onset. For continuation of service beyond the initial course of rehabilitation, up to 48 weeks, proof of improvement must be given. Courses of cognitive rehabilitation substantially longer than the stated durations must be reviewed for medical necessity.

For TBI criteria, please reference vendor criteria related to Traumatic Brain Injury – Rehabilitation Adult.
CODING

Covered CPT© Code
97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes

HCPCS© Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes
F07.81 Postconcussional syndrome
G45.4, G46.3-G46.8 Stroke
G92 Toxic encephalopathy
G93.1 Anoxic brain damage, not elsewhere classified
G93.40 Encephalopathy, unspecified
G93.41 Metabolic encephalopathy
G93.49 Other encephalopathy
G97.2 - G97.82 Other intraoperative / post-procedural complications of nervous system
G97.81 - G97.82 Other intraoperative and postprocedural complications and disorders of nervous system
I60.00 – 160.9 Nontraumatic subarachnoid hemorrhage
I61.0 – I61.9 Nontraumatic intracerebral hemorrhage
I62.00 – I62.03 Nontraumatic subdural hemorrhage
I62.1 Nontraumatic extradural hemorrhage
I62.9 Nontraumatic intracranial hemorrhage
I63.00, I63.10, I63.20, I63.29 Cerebral infarction
I63.02, I63.12, I63.22 Cerebral infarction due basilar artery
I63.09, I63.19, I63.59 Cerebral infarction
I63.011-I63.219 Cerebral infarction due to thrombosis
I63.031 – I63.239 Cerebral infarction due to carotid artery
I63.30 – I63.6 Cerebral infarction
I63.59 Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.50, I63.511 – I63.549, I63.8, I63.9 Cerebral infarction
I65.1 Occlusion and stenosis of basilar artery
I65.01– I65.09 Occlusion and stenosis of vertebral artery
I65.21– I65.29 Occlusion and stenosis carotid artery
I65.8 Occlusion and stenosis of other precerebral arteries
I65.9 Occlusion and stenosis
I66.01 – I66.9 Occlusion and stenosis of posterior
I67.1 Cerebral aneurysm, nonruptured
I67.2 Cerebral atherosclerosis
I67.4 Hypertensive encephalopathy
I67.5 Moyamoya disease
I67.6 Nonpyogenic thrombosis of intracranial venous system
I67.7 Cerebral arteritis, not elsewhere classified
I67.81- I68.2, I67.89 Other Cerebrovascular disease
I67.83 Posterior reversible encephalopathy syndrome
I67.89 Other cerebrovascular disease
I67.9 Cerebrovascular disease, unspecified
I68.0 Cerebral amyloid angiopathy
I68.8 Other cerebrovascular disorders in diseases classified elsewhere
I69.01 Cognitive deficits following nontraumatic subarachnoid hemorrhage
I69.928 Other speech and language deficits following unspecified cerebrovascular disease
I69.020, I69.120, I69.220, I69.320, I69.820, I69.920-I69.921  Aphasia following
I69.021, I69.121, I69.221, I69.321, I69.821, I69.921
I69.022, I69.122, I69.222, I69.322, I69.822, I69.922

I69.322, I69.822, I69.922  Dysarthria
S02.0XXS - S02.92XS  Fracture of vault of skull and facial bones; sequela
S06.9XXS - S06.9X9S  Unspecified intracranial injury; sequela
T75.1XXS  Unspecified effects of drowning and nonfatal submersion; sequela
T75.1XXA  Unspecified effects of drowning and nonfatal submersion, initial encounter

Non-Covered ICD-10-CM Diagnosis Codes
F01.50-F01.51, F03.90, F05  Dementia in other disease classified elsewhere
F02.80  Dementia in other disease classified elsewhere without behavioral disturbance
F03.90 - F03.91  Unspecified dementia
F06.0-F06.8  Other mental disorders due to known physiological condition
F20.0-F20.89, F25.0-F25.9  Schizophrenia
F70 - F79  Intellectual disabilities
F84.0 - F84.9  Pervasive developmental disorders
F90.0 - F90.9  Attention-deficit hyperactivity disorders
G20, G21.4  Parkinson's disease
G30.0 - G30.9  Alzheimers’ disease
G80.0 - G80.9  Cerebral palsy
R41.0  Disorientation

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>4/11/2013</td>
<td>Approved by MPC. Included additional medical necessity criteria / diagnoses.</td>
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<tr>
<td>4/5/2012</td>
<td>Approved by MPC. Inserted InterQual reference regarding TBI.</td>
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<tr>
<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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<td>4/30/2011</td>
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