



Medica Central Coverage Policy

Policy Name: Cognitive Rehabilitation/Remediation MP9561

Effective Date: 11/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Cognitive rehabilitation/remediation is **COVERED** for the following focal traumatic brain injury when there is reasonable expectation of achieving measurable improvement. Examples include, but are not limited to:

1. Aneurysm
2. Brain tumor
3. Stroke
4. Trauma (e.g., traumatic brain injury; brain damage).

Cognitive rehabilitation/remediation is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to:

1. Cognitive decline resulting from progression of a chronic disease (e.g., multiple sclerosis, chronic obstructive pulmonary disease, dementia, congestive heart failure)
2. Coma stimulation
3. Developmental delay disorders (e.g., learning disabilities, mental retardation, attention deficit disorder, speech articulation, autism spectrum disorder)
4. Encephalitis
5. Neuropsychiatric disorders (e.g., schizophrenia, psychosis, bipolar disorder, post-traumatic stress disorder, depression)
6. Pervasive developmental disorders
7. Post-cancer and cancer treatment
8. Post-intensive care syndrome (PICS)
9. Toxicity.



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There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Cognitive rehabilitation/remediation is intended to provide retraining in an individual's ability to think, use judgment, and improve decision-making skills. It involves the use of therapies aimed at improving deficits in memory, concentration, perception, learning, sequencing, judgment, and planning. Intended goals are enhanced ability to process and interpret information and to improve ability to function within community and family relationships.

Therapies can be classified as either restorative or compensatory. Restorative therapies are aimed at improving a specific function, whereas compensatory therapies are intended to assist in adapting to the cognitive deficit. At times, compensatory therapies may lead to restorative benefits. Cognitive exercises, including but not limited to computer-assisted therapies, are intended to address specific processes, such as attention, memory, and executive functioning skills. These interventions are intended to be structured, goal-directed, systematic, and individualized. They center on a relevant context and involve learning, practice, and social contact. To date, these modalities are poorly defined and display a high degree of variation in types of therapies employed.

Cognitive rehabilitation/remediation may be administered in the outpatient or facility-based setting. Therapy may be performed by a physician, neuropsychologist, occupational therapist, physical therapist, or speech/language therapist/ pathologist.

FDA Approval

Cognitive rehabilitation is a therapy and, as such, is not subject to regulation by the FDA.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **97129** - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes



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