COGNITIVE THERAPY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Cognitive therapy, also known as cognitive rehabilitation, is a therapeutic approach designed to improve cognitive functioning after central nervous system insult. It may include an assembly of therapy methods that retrain or alleviate problems caused by deficits in attention, visual processing, language, memory, reasoning, problem solving and executive functions.

Cognitive therapy consists of tasks designed to reinforce or re-establish previously learned patterns of behavior or to establish new compensatory mechanisms for impaired neurological systems. It is for development and/or retraining of cognitive skills to improve attention, memory and problem solving; it includes compensatory training.

Cognitive therapy may be performed by a physician, psychologist or a physical, occupational or speech therapist.
Cognitive therapy must be distinguished from occupational therapy rehabilitation that is directed at specific environments (i.e., home or work). In contrast, cognitive therapy consists of tasks designed to develop the memory, language and reasoning skills that can then be applied to specific environments, as described by the occupational therapy codes.

Sensory integrative therapy may be considered a component of cognitive rehabilitation.

Criteria:

COVERAGE FOR COGNITIVE THERAPY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

If benefit coverage for cognitive therapy is available, requests for cognitive therapy will be reviewed by the medical director(s) and/or clinical advisor(s).

➢ If benefit coverage for cognitive therapy is available, cognitive therapy is considered *medically necessary* with documentation of ALL of the following:

1. ONE of the following conditions, to include, *but not limited to*:
   - Guillain-Barre Syndrome
   - Medical condition that is the primary etiology of a mental dysfunction
   - Post craniotomy
   - Post-infectious disease pathology, e.g., meningitis, encephalitis
   - Stroke, cerebrovascular accident (CVA)
   - Temporary ischemic attack (TIA)
   - Traumatic or anoxic brain injury

2. Condition is considered to be non-progressive and non-degenerative
3. Rehabilitation potential exists with the expectation for clinical and functional improvement
4. Prognosis of the condition indicates a return to a prior level of function, e.g., modified independence, full independence or minimum assistance with caregiver support
5. Full participation in the evaluation process and therapy program
6. Progress in physical, occupational and speech therapies, as applicable
COGNITIVE THERAPY (cont.)

Criteria: (cont.)

➢ If benefit coverage for cognitive therapy is available, cognitive therapy for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Resources:


COGNITIVE THERAPY (cont.)

**Resources:** (cont.)


COGNITIVE THERAPY (cont.)

Resources: (cont.)


