

## Cognitive Rehabilitation or Remediation

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- Also known as**
1. Cognitive Rehabilitation Therapy
  2. Cognitive Remediation Therapy
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**Description**

Cognitive rehabilitation/remediation (CR) is purported to provide retraining in an individual's ability to think, use judgment, and improve decision making skills. These modalities are poorly defined and display a high degree of variation in types of therapies employed. Therapies, including computer-assisted formats, are classified as either restorative (aimed at improving function) or compensatory (aimed at adapting to a cognitive deficit).

Therapy can be out-patient or facility-based and can be administered by a physician, neuropsychologist, occupational therapist, physical therapist, or speech and/or language therapist and/or pathologist. CR has been suggested for use in brain-related medical conditions or for individuals with major psychiatric disorders (such as, schizophrenia).

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**See also**

Similar, related, or easily confused documents.

- [ImPACT Testing](#) - ImPACT is a brain injury measurement tool for children and teens who have sustained a traumatic brain injury (concussion).
  - [Neuropsychological Evaluations / Cognitive Testing](#) - A neuropsychological evaluation is a functional assessment of the brain and gives indirect information of brain structure and function.
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**Document history**

The document history for the past 12 months is outlined below.

Date	Description
10.19.22	Updated to new template.

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## Commercial

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### Introduction

This section applies to all Commercial members.

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### Benefits

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](https://medica.com).

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
  - For investigative indications, not covered.
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## Government Programs

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### Introduction

This section applies to all Medicaid and Medicare products.

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### AccessAbility (SNBC),

[Medicaid only groups](#):

- Refer to [Medicaid](#) below.

### Minnesota Senior Care Plus (MSC+)

[Medicare eligible groups](#):

- Covered based on place of service. Quote office visit or outpatient hospital benefits.
  - Medicare is the primary payer.
  - Follows Medicare guidelines.
  - If no Medicare eligibility, Medicaid applies. Refer to [Medicaid](#) below.
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### AccessAbility Enhanced (SNBC SNP),

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](#).

### DUAL (MSHO)

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
  - For investigative indications, not covered.
  - Medica is the only payer.
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### Advantage

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](#).

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.
  - For investigative indications, not covered.
  - Medica is the only payer.
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## Government Programs, Continued

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### Advantage PartnerCare (I- SNP)

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](https://medica.com).

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, refer to the EOC. Copays depend on place of service.
  - For investigative indications, not covered.
  - Medica is the only payer.
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### Medicaid (SPP)

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](https://medica.com).

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
  - For investigative indications, not covered.
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### Prime

Check for an LCD or NCD. If one does not exist, Medica's Coverage Policy, *Cognitive Rehabilitation/Remediation*, on [medica.com](https://medica.com) applies.

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.
  - For investigative indications, not covered.
  - **Reminder:** Members can use non-Medica Service Area providers. Refer to [Out-of-MSA Benefits](#).
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### Select, Signature

Covered based on place of service. Quote office visit or outpatient hospital benefits.

- Medicare supplement. Medicare is the primary payer.
  - Follows Medicare guidelines.
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## Government Programs, Continued

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### Document history

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## Individual and Family Business (IFB)

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### Introduction

This section applies to all Individual and Family Business (IFB) members.

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### Benefits

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](https://medica.com).

- Covered indications are listed under *Coverage Policy*.
    - **Important:** Check policy for limits or exclusions.
  - If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
  - For investigative indications, not covered.
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### Document history

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## Medica Health Plan Solutions (MHPS)

### Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

### Mayo Medical Plan

Coverage depends on the servicing provider.

Employer	Provider	Coverage
Mayo Medical Plan	Mayo provider	<ul style="list-style-type: none"><li>• Quote based on place of service. Quote office visit or outpatient hospital benefits.</li></ul>
Mayo Medical Plan	Non-Mayo provider	<ul style="list-style-type: none"><li>• A Coverage Policy, <i>Cognitive Rehabilitation/Remediation</i>, is on <a href="https://medica.com">medica.com</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>

### All others

A Coverage Policy, *Cognitive Rehabilitation/Remediation*, is on [medica.com](https://medica.com).

- Covered indications are listed under *Coverage Policy*.
  - **Important:** Check policy for limits or exclusions.
- If eligible, covered based on place of service. Quote office visit or outpatient hospital benefits.
- For investigative indications, not covered.

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**INTERNAL**

## Medica Health Plan Solutions (MHPS), Continued

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### Applicability

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>Platform or System</b>		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KN Technical Writers	10.19.22

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**INTERNAL**