

# Cognitive Rehabilitation

**Policy Number:** BIP144.J  
**Effective Date:** August 1, 2023

[➔ Instructions for Use](#)

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- Related Benefit Interpretation Policies**
- [Acquired Brain Injury Services](#)
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  - [Inpatient and Outpatient Mental Health](#)
  - [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)
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- Related Medical Management Guidelines**
- [Cognitive Rehabilitation](#)
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## Federal/State Mandated Regulations

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

## State Market Plan Enhancements

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

## 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 the coverage eligibility.

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

## Not Covered

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

## Definitions

Refer to the Benefit Interpretation Policy titled [Acquired Brain Injury Services](#).

## Policy History/Revision Information

Date	Summary of Changes
08/01/2023	<ul style="list-style-type: none"><li data-bbox="337 365 1029 394">• Routine review; no change to benefit coverage guidelines</li><li data-bbox="337 396 850 426">• Archived previous policy version BIP144.I</li></ul>

## 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.