

Medical Policy

Acquired Brain Injury Services	
MEDICAL POLICY NUMBER	MED_Clin_Ops-119
ORIGINAL EFFECTIVE DATE	6/1/2022
CURRENT VERSION EFFECTIVE DATE	6/1/2022
APPLICABLE PRODUCT AND MARKET	<i>Individual and Family Plan: Texas only</i>

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If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

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PURPOSE

This policy describes the criteria for coverage of services for treatment of acquired brain injury. This policy applies to the Texas Individual and Family Plan (IFP) business only. The scope of services, coverage issues, and lack of benefit maximums are described in the Texas Insurance Code.¹

POLICY

Acquired brain injury services may be considered for authorization when the services are considered medically necessary, clinically proven, goal-oriented, efficacious, and based on individualized treatment plans. The services must be provided by or ordered and provided under the direction of a licensed health care practitioner acting within the scope of their licensure or certification.

¹ TX Insurance Code, Title 8. Health Insurance and Other Health Coverages, Subtitle E Benefits Payable under Health Coverages, Chapter 1352 Brain Injury.
TIC Section 1352.003 Required coverages

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- A. Bright Health does not deny coverage based solely on whether the services are provided in a non-hospital service.
1. Post-acute care treatment or services may be obtained in any facility where those services may legally be provided, including acute or post-acute rehabilitation hospitals and assisted living facilities regulated under Chapter 247, Health and Safety Code.
 2. Medically necessary services in the scope of this policy and within the scope of the provider's license are available and accessible to members.²
- B. Bright HealthCare will determine if charges are reasonable.³ A determination of whether expenses are reasonable may include consideration of factors including:
1. Cost alone.
 2. Clinically proven meaningful difference in the outcomes of the physician or practitioner performing the evaluation.
- C. A treatment plan demonstrating medical necessity must be submitted for coverage.⁴
- D. The member cost share and other benefit configuration elements, including exclusions for custodial care and other services not expressed in the law are not altered by this policy.
- E. Bright HealthCare will not cover potentially avoidable inpatient days that prolong the member's stay when rehabilitative care is not provided. Potentially avoidable days are not approved for coverage even while prior and subsequent days may be covered.
- F. When a result of and related to an Acquired Brain Injury, rehabilitation services⁵ eligible for coverage include:
- Cognitive rehabilitation therapy
 - Cognitive communication therapy
 - Community reintegration services
 - Neurocognitive therapy and rehabilitation
 - Neurobehavioral testing and treatment
 - Neurophysiological, neuropsychological, and psychophysiological testing and treatment
 - Neurofeedback therapy
 - Remediation.
 - Occupational, physical, or speech therapy
 - Psychological services that helps retrain or alleviate problems caused by Acquired Brain Injury (e.g., deficits of visual processing, language, reasoning and problem solving.)
 - Remediation

² TX Insurance Code Sec. Section 1352.007 Treatment Facilities

³ TX Insurance Code Sec. 1352.003 (e & f)

⁴TX Insurance Code Sec. 1352.006

⁵ TX Insurance Code Sec. 1352.003

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- Post-acute transition services
- Community reintegration services necessary as determination of expense.

Inpatient Acute Rehabilitation Level of Care

Inpatient acute admission for acquired brain injury rehabilitation services and facility services may be covered when **ALL** of the following are met:

1. There is a documented acquired cognitive impairment with compromised functional status.
2. The member meets medical necessity criteria for an inpatient stay
 - Necessary services are skilled nursing or skilled rehabilitation services, are required on a daily basis, and are being provided in an acute rehabilitation hospital setting.
3. Rehabilitation is required in an inpatient rehabilitation facility (not a skilled rehabilitation or outpatient level of care).
4. Services are being provided as part of a multidisciplinary rehabilitation treatment plan for multiple conditions with documented short- and long-term goals.
5. The member is capable, willing, and clinically stable enough to participate in intensive therapy for a minimum of three hours per day, at least five days per week.
6. There is documentation of rehabilitation potential to restore the prior level of function.

Ongoing inpatient acute rehabilitation care may be covered when **ALL** of the following are met:

1. All of the admission criteria above are met.
2. There is documentation that demonstrates ongoing assessment and necessary adjustments to the plan of care.
3. There is documented progress toward established goals based on objective measurements (e.g., FIM scores) as well as a clinical narrative which demonstrates functional improvement as a result of the therapy provided.
4. The member has not yet met the goals of the treatment plan and is not at maximum benefit or recover plateau.

Inpatient Skilled or Sub-acute Level of Care

Admission for inpatient skilled or sub-acute care for Acquired Brain Injury rehabilitation services and facility services may be covered when **ALL** of the following are met:

1. There is a documented acquired cognitive impairment with compromised functional status.
2. The member meets medical necessity criteria for an inpatient stay

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- Necessary services are skilled nursing or skilled rehabilitation services, are required on a daily basis, and are being provided in an acute rehabilitation hospital setting.
- 3. Rehabilitation is required in an inpatient rehabilitation facility (not a skilled rehabilitation or outpatient level of care).
- 4. Services are being provided as part of a multidisciplinary rehabilitation treatment plan for multiple conditions with documented short- and long-term goals.
- 5. The member has and there is documentation of rehabilitation potential to restore the prior level of function.

Ongoing inpatient skilled or sub-acute care may be covered when **ALL** of the following are met:

1. All of the admission criteria above are met.
2. There is documentation that demonstrates ongoing assessment and necessary adjustments to the plan of care.
3. There is documented progress toward established goals based on objective measurements (e.g., FIM scores) as well as a clinical narrative which demonstrates functional improvement as a result of the therapy provided.
4. The member is stable enough medically and is capable and willing to participate in therapy.
5. The member has not yet met the goals of the treatment plan and is not at maximum benefit or recovery plateau.

Outpatient Acquired Brain Injury Rehabilitation Services

Outpatient acquired brain injury rehabilitation services may be covered when **ALL** of the following are met:

1. There is a documented acquired cognitive impairment with compromised functional status.
2. The Acquired Brain Injury rehabilitation treatment plan services are being provided as part of a multidisciplinary rehabilitation treatment plan for multiple conditions with documented short- and long-term goals.
3. The member has and there is documentation of rehabilitation potential to restore the prior level of function.
4. The member can actively participate in the treatment plan.

Ongoing outpatient care is covered when **ALL** of the following are met:

1. All of the criteria for initial outpatient services are met.
2. There is documentation that demonstrates ongoing assessment and necessary adjustments to the plan of care.
3. There is documented progress toward established goals based on objective measurements (e.g., FIM scores) as well as a clinical narrative which demonstrates functional improvement as a result of the therapy provided.

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4. The member is stable enough medically and is capable and willing to participate in therapy.
5. The member has not yet met the goals of the treatment plan and is not at maximum benefit or plateau.

EXCLUSIONS

The following services are not covered:

- Acquired Brain Injury services when the primary focus is educational in nature, such as vocational rehabilitation or educational training.
- Services that are excluded from coverage by the members certificate of coverage and any other exclusions that do not conflict with the Texas Insurance Code.
- Acquired Brain Injury rehabilitative services for a member who is in a vegetative state.
- Facility charges for room and board in residential settings are not covered, except when member is receiving medically necessary Acquired Brain Injury rehabilitation services in a covered clinical inpatient hospital or rehabilitation setting (an acute hospital, rehabilitation hospital, skilled nursing facility).
- Acquired Brain Injury services for conditions such as dementia (including human immunodeficiency virus [HIV] dementia), cerebral palsy, attention deficit disorder, attention deficit hyperactivity disorder, schizophrenia, pervasive, developmental disorders, including autism, learning disabilities, mental retardation, Down's syndrome, Parkinson's disease and developmental delay.
- Cognitive Behavioral Therapy, except as required by state law for an Acquired Brain Injury and for Covered Services for Mental Health Services.
- Coma Stimulation.
- Cognitive rehabilitative therapy for member who is receiving custodial care.
- Hypnotherapy.

DEFINITIONS

1. **Acquired Brain Injury:** A neurological insult to the brain, which is not hereditary, congenital, or degenerative. The injury to the brain has occurred after birth and results in a change in neuronal activity, which results in an impairment of physical functioning, sensory processing, cognition, or psychosocial behavior.
2. **Acquired Brain Injury Services:** Include medically necessary cognitive rehabilitative therapy, Cognitive Communication Therapy, Neurocognitive Rehabilitation, Neurocognitive Therapy, Neurobehavioral Testing, Neurobehavioral Treatment, Neurophysiological Testing, Neurophysiological Treatment, Neuropsychological Testing, Neuropsychological Treatment, and Psychophysiological Testing, Psychophysiological Treatment, Neurofeedback

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Therapy, remediation, post-acute transition services, or Community Reintegration Services necessary as a result of and related to an Acquired Brain Injury.

3. **Cognitive Communication Therapy:** Services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.
4. **Cognitive Behavioral Therapy:** Psychotherapy where the emphasis is on the role of thought patterns in moods and behaviors.
5. **Cognitive Rehabilitation Therapy:** Services designed to address therapeutic cognitive activities, based on an assessment and understanding of the individual's brain-behavioral deficits.
6. **Community Reintegration Services:** Services that facilitate the continuum of care as an affected individual transitions into the community.
7. **Neurobehavioral Testing:** An evaluation of the history of neurological and psychiatric difficulty, current symptoms, current mental status, and premorbid history, including the identification of problematic behavior and the relationship between behavior and the variables that control behavior.
8. **Neurobehavioral Treatment:** Interventions that focus on behavior and the variables that control behavior.
9. **Neurocognitive Rehabilitation:** Services designed to assist cognitively impaired individuals to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.
10. **Neurocognitive Therapy:** Services designed to address neurological deficits in informational processing and to facilitate the development of higher cognitive abilities.
11. **Neurofeedback Therapy:** Services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.
12. **Neurophysiological Testing:** An evaluation of the functions of the nervous system.
13. **Neurophysiological Treatment:** Interventions that focus on the functions of the nervous system.
14. **Neuropsychological Testing:** The administering of a comprehensive battery of

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tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning.

- 15. **Neuropsychological Treatment:** Interventions designed to improve or minimize deficits in behavioral and cognitive processes.
- 16. **Psychophysiological Testing:** An evaluation of the interrelationships between the nervous system and other bodily organs and behavior.
- 17. **Psychophysiological Treatment:** Interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.
- 18. **Remediation:** The process(es) of restoring or improving a specific function.

POLICY HISTORY

Original Effective Date	6/16/2022
Revised Date	N/A

Approved by the Utilization Management Committee