

OHCA Guideline

Medical Procedure Class:	Cognitive Rehabilitation Post Traumatic Brain Injury (TBI)
Initial Implementation Date:	4/18/2018
Last Review Date:	3/6/2025
Effective Date:	3/25/2025
Next Review/Revision Date:	March 2025
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Traumatic Brain Injury (TBI) – an injury to the brain which is externally inflicted trauma that may result in temporary dysfunction of brain cells; however, more severe trauma may result in bruising, torn tissues, bleeding, or other physical damages to the brain which can result in long-term complications or death. The trauma can result in physical, psychosocial, or cognitive impairment which may be life-long.</p> <p>Note: the effects of TBI limit the prognostic capabilities of the multidisciplinary team; the determination of successfully meeting specific stated goals may not be clear at the time of admission or at the time of goal setting.</p> <p>Cognitive Rehabilitation – a structured set of therapeutic activities designed to retrain an individual’s ability to think, use judgement, and make decisions. The focus is on improving deficits in memory, attention, perception, learning, planning, and judgement.</p>	
Approval Criteria	
<p>I. GENERAL</p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member’s needs for the service in accordance with the OAC 317:30-3-1(f).</p> <p>B. Independent of medical issues, behavioral health criteria for inpatient treatment must be met before inpatient treatment will be approved.</p> <p>C. For persons 21 years of age or older, payment is made to hospitals for inpatient services as described in this section. All general inpatient hospital services which are not provided under the Diagnosis Related Group (DRG) payment methodology for all persons 21 years of age or older are limited to 90 days per person per state fiscal year (July 1 through June 30). The 90-day limitation applies to both hospital and physician services. OAC 317:30-5-111.</p> <p>D. The request must be “linked” to an ICD-10 diagnosis code which supports both the medical necessity AND the inpatient rehabilitation service such as S06.0X0A/D/S to S06.9X9A/D/S.</p>	

- E. The member must demonstrate the ability and/or potential to make progress and achieve the stated medical and behavioral health goals.
- F. The Oklahoma Health Care Authority (OHCA) does not consider admission or ongoing stay at an inpatient hospital, acute rehabilitation program, or skilled nursing facility as medically necessary solely for cognitive rehabilitation following a TBI.

II. DOCUMENTATION REQUIRED FOR ADMISSION TO AN INPATIENT REHABILITATION FACILITY:

- A. An order from a contracted qualified health professional (MD, DO, PA, ANP, APRN) requesting admission to a rehabilitation facility which is contracted with OHCA; **AND**
- B. Clinical documentation that supports the need for intensive interdisciplinary services, describing current clinical status and describing progress from initial date of injury; **AND**
- C. Documentation of specific short and long-term medical and behavioral health goals and anticipated discharge date.
- D. For ongoing inpatient services of persons 20 years of age and under which do NOT exceed policy limitations; routine and ongoing clinical documentation of measurable progress must be submitted every 30 days. This would include: treatment plan, updated ST, OT, PT and behavioral health goals.

III. INDICATIONS FOR DISCHARGE:

- A. The specific documented treatment plan goals have been met; **OR**
- B. The member fails to show significant, measurable functional improvement within a reasonable period of time, typically within 2-4 weeks of admission to cognitive rehabilitation program; **OR**
- C. A regression has occurred, demonstrated by a lack of measurable progress; **OR**
- D. The multidisciplinary team feels there is no reasonable expectation of additional progress despite treatment planning changes AND there is no current acute illness to account for the lack of progress.
- E. Failure of the member to participate in structured therapies and treatment modalities or a member's refusal to continue therapy, despite progress, will result in discharge.

Denial Criteria

Requests outside the guidelines or requests which exceed policy limitations.

Additional Information

Non-Covered Items:

- Services at a non-contracted facility; or
- Services outside of policy limitations.
- Cognitive rehabilitation is not covered for mild cognitive impairment, mild traumatic brain injury (including sports related concussions), Wernicke encephalopathy, behavioral/psychiatric disorders such as addiction, bipolar disorder, depression, schizophrenia, social phobia, and substance disorders diagnosed prior to the TBI or not associated with the TBI.

References

Oklahoma Health Care Authority, Policies & Rules, Chapter 30, Subchapter 3, Part 1
 Oklahoma Health Care Authority, Policies & Rules, OAC 317:30-5-111
<http://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/basics/definition/CON-20029302>
<https://www.ncbi.nlm.nih.gov/pubmed/26269917>
<https://www.cdc.gov/traumaticbraininjury/>

https://journals.lww.com/headtraumarehab/abstract/2014/07000/incog_guidelines_for_cognitive_rehabilitation.4.aspx
<https://evidence.hayesinc.com/report/dir.cognitivetbi605>