Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

Description:

Cognitive therapy, also known as cognitive rehabilitation, is a structured set of therapeutic activities designed to retrain an individual's ability to think, use judgment and make decisions. The focus is on improving deficits in memory, attention, perception, learning, planning and judgment. The term cognitive therapy/rehabilitation is applied to various intervention strategies or techniques that attempt to help individuals reduce, manage or cope with cognitive deficits caused by a brain injury or condition. The desired outcome of this intervention is to improve quality of life or to improve ability to function in home and community life.
COGNITIVE THERAPY (cont.)

**Description:** (cont.)

Cognitive therapy may be performed by a physician, psychologist or a physical, occupational or speech therapist.

Cognitive therapy/rehabilitation is considered a separate service from other rehabilitative therapies, with its own specific procedures.

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**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)
   - Transient 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:

Literature reviewed 04/11/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

COGNITIVE THERAPY (cont.)

Resources: (cont.)


COGNITIVE THERAPY (cont.)

Resources: (cont.)


COGNITIVE THERAPY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filling a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nílnígíí Blue Cross Blue Shield of Arizona haadá yit’éegó bíná’ídiłkidgo éí doodago Háída bii’ii anííyeeédiiíi t’áadoo le’e yíná’ídiłkidgo beełhaz’áanii höloc díí t’ai házaadk’éhjí háhák a’dóowolgo bee hä’q doo báágh ilínígóó. Aťa’hálne’ííjí kójí bíčjí” hodíílíníí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話在此插入數字 877-475-4799。

Vietnamese: Nếu bạn có yêu cầu của người khác, có câu hỏi về Blue Cross Blue Shield of Arizona, bạn có thể liên hệ với chúng tôi để nhận được hỗ trợ thông tin bằng ngôn ngữ của bạn miễn phí. Để liên hệ với một chuyên viên, vui lòng gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona في الحصول على المساعدة والموارد الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم العمل ب 877-475-4799.
COGNITIVE THERAPY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما یا کمک‌کننده شما به از کمک می‌خیایند، سوالات هر مورد اطلاعات به زبان خود را به مطور رایگان دریافت نمایید 877-475-4799.

Assyrian: Blue Cross Blue Shield of Arizona نیست، یا کمک‌کننده شما به از کمک می‌خیایند، سوالات هر مورد اطلاعات به زبان خود را به مطور رایگان دریافت نمایید 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณหรือนายหน้าคุณมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถติดต่อสอบถามได้โดยไม่มีค่าใช้จ่าย ตลอดถึงเวลา โทร 877-475-4799