

# Acquired Brain Injury Services

**Policy Number:** BIP137.K  
**Effective Date:** June 1, 2024

[Instructions for Use](#)

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<b>Related Benefit Interpretation Policies</b>
<ul style="list-style-type: none"> <li>• <a href="#">Biofeedback</a></li> <li>• <a href="#">Cognitive Rehabilitation</a></li> <li>• <a href="#">Habilitative Services</a></li> <li>• <a href="#">Inpatient and Outpatient Mental Health</a></li> <li>• <a href="#">Pervasive Developmental Disorder and Autism Spectrum Disorder</a></li> </ul>

<b>Related Medical Management Guidelines</b>
<ul style="list-style-type: none"> <li>• <a href="#">Cognitive Rehabilitation</a></li> <li>• <a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</a></li> <li>• <a href="#">Home Health, Skilled, and Custodial Care Services</a></li> <li>• <a href="#">Neuropsychological Testing Under the Medical Benefit</a></li> </ul>

## Federal/State Mandated Regulations

### Texas Insurance Code, Title 8. Health Insurance and Other Health Coverages, Subtitle E Benefits Payable under Health Coverages, Chapter 1352 Brain Injury

[Texas Insurance Code Section 1352.003 - Required Coverages--health Benefit Plans Other Than Small Employer Health Benefit Plans \(2019\) \(public.law\)](#)

### Section 1352.003 Required Coverages – Health Benefit Plans other than Small Employer Health Benefit Plans

- (a) A health benefit plan must include coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and psychophysiological testing and treatment, neurofeedback therapy, and remediation required for and related to treatment of an acquired brain injury.
- (b) A health benefit plan must include coverage for post-acute transition services, community reintegration services, including outpatient day treatment services, or other post-acute care treatment services necessary as a result of and related to an acquired brain injury.
- (c) A health benefit plan may not include, in any annual or lifetime limitation on the number of days of acute care treatment covered under the plan, any post-acute care treatment covered under the plan.
  - (c-1) A health benefit plan may not limit the number of days of covered post-acute care, including any therapy or treatment or rehabilitation, testing, remediation, or other service described by Subsections (a) and (b), or the number of days of covered inpatient care to the extent that the treatment or care is determined to be medically necessary as a result of and related to an acquired brain injury. The insured's or enrollee's treating physician shall determine whether treatment or care is medically necessary for purposes of this subsection in consultation with the treatment or care provider, the insured or enrollee, and, if appropriate, members of the insured's or enrollee's family. The determination is subject to review under Section 1352.006.
- (d) Except as provided by Subsection (c) or (c-1), a health benefit plan must include the same amount limitations, deductibles, copayments, and coinsurance factors for coverage required under this chapter as applicable to other medical conditions for which coverage is provided under the health benefit plan.

- (e) To ensure that appropriate post-acute care treatment is provided, a health benefit plan must include coverage for reasonable expenses related to periodic reevaluation of the care of an individual covered under the plan who:
  - (1) has incurred an acquired brain injury;
  - (2) has been unresponsive to treatment; and
  - (3) becomes responsive to treatment at a later date.
- (f) A determination of whether expenses, as described by Subsection (e), are reasonable may include consideration of factors including:
  - (1) cost;
  - (2) the time that has expired since the previous evaluation;
  - (3) any difference in the expertise of the physician or practitioner performing the evaluation;
  - (4) changes in technology; and
  - (5) advances in medicine.
- (g) The commissioner shall adopt rules as necessary to implement this chapter.
- (h) This section does not apply to a small employer health benefit plan.

## **Section 1352.0035 Required Coverages – Small Employer Health Benefit Plans**

<https://texas.public.law/statutes/tex.ins.code.section.1352.0035?highlight=1352.0035&hide=no>

- (a) A small employer health benefit plan may not exclude coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, or psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services, or community reintegration services necessary as a result of and related to an acquired brain injury.
- (b) Coverage required under this section may be subject to deductibles, copayments, coinsurance, or annual or maximum amount limits that are consistent with the deductibles, copayments, coinsurance, or annual or maximum amount limits applicable to other medical conditions for which coverage is provided under the small employer health benefit plan.
- (c) The commissioner shall adopt rules as necessary to implement this section.

## **Section 1352.007 Treatment Facilities**

<https://texas.public.law/statutes/tex.ins.code.section.1352.007>

- (a) A health benefit plan may not deny coverage under this chapter based solely on the fact that the treatment or services are provided at a facility other than a hospital. Treatment for an acquired brain injury may be provided under the coverage required by this chapter, as appropriate, at a facility at which appropriate services may be provided including:
  - 1. hospital regulated under Chapter 241, Health and Safety Code, including an acute or post-acute rehabilitation hospital; and
  - 2. an assisted living facility regulated under Chapter 247, Health and Safety Code
- (b) This section **does not** apply to a small employer health benefit plan.
- (c) The issuer of a health benefit plan, including a preferred provider benefit plan or health maintenance organization plan, that contracts with or approves admission to a service provider under this chapter may not, solely because a facility is licensed by this state as an assisted living facility, refuse to contract with or approve admission to that facility to provide services that are:
  - (1) Required under this chapter;
  - (2) Within the scope of the license of an assisted living facility; and
  - (3) Within the scope of the services provided under a CARF-accredited rehabilitation program for brain injury or another nationally recognized accredited rehabilitation program for brain injury.
- (d) The issuer of a health benefit plan that requires or encourages insureds or enrollees to use health care providers designated by the plan shall ensure that the services required by this chapter that are within the scope of the license of an assisted living facility and that may be provided under a program described by Subsection (c)(3) are made available and accessible to the insureds or enrollees at an adequate number of assisted living facilities.
- (e) A health benefit plan may not treat care provided in accordance with this chapter as custodial care solely because it is provided by an assisted living facility if the facility holds a CARF accreditation or other nationally recognized accreditation for a rehabilitation program for brain injury.
- (f) To ensure the health and safety of insureds and enrollees, the commissioner may require that a licensed assisted living facility that provides covered post-acute care other than custodial care under this chapter to an insured or enrollee with acquired brain injury hold a CARF accreditation or other nationally recognized accreditation for a rehabilitation program for brain injury.

## Section 1352.005 Notice to Insured and Enrollees

[Texas Insurance Code Section 1352.005 - Notice to Insureds and Enrollees \(public.law\)](#)

- c. (2) A statement that the fact that an acquired brain injury does not result in hospitalization or receipt of a specific treatment or service described by Section [1352.003 \(Required Coverages--health Benefit Plans Other Than Small Employer Health Benefit Plans\)](#) for acute care treatment does not affect the right of the insured or enrollee to receive benefits described by Section [1352.003 \(Required Coverages--health Benefit Plans Other Than Small Employer Health Benefit Plans\)](#) commensurate with the condition of the insured or enrollee; and

## State Market Plan Enhancements

None

## 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 coverage eligibility. Acquired brain injury rehabilitation services and facility charges are covered in both inpatient and outpatient setting. The following services are covered when determined medically necessary, clinically proven, goal-oriented, efficacious, based on individualized treatment plans and provided by or ordered and provided under the direction of a licensed health care practitioner acting within the scope of their licensure or certification.

- Biofeedback
- Cognitive rehabilitation therapy
- Cognitive behavioral therapy
- Cognitive communication therapy
- Community reintegration services, including outpatient day treatment services
- Neurocognitive therapy and rehabilitation
- Neurobehavioral testing and treatment
- Neurophysiological, neuropsychological, and psychophysiological testing and treatment
- Neurofeedback therapy
- Other post-acute care treatment services determined medically necessary as a result of and related to an acquired brain injury
- Post-acute transition services
- Remediation

**Note:** Inpatient services must be provided in a hospital setting (an acute hospital, rehabilitation hospital, assisted living facility, or skilled nursing facility) licensed in the state of Texas.

Refer to the following Medical Management Guidelines for additional information:

- [Cognitive Rehabilitation](#)
- [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\)](#)
- [Home Health, Skilled, and Custodial Care Services](#)
- [Neuropsychological Testing Under the Medical Benefit](#)

## Not Covered

- Acquired brain Injury rehabilitation services for a member who:
  - Has met the goals of the treatment plan (maximum benefit or plateau); or
  - Cannot progress to meet the treatment plan goals
  - The service primary focus is educational in nature, such as vocational rehabilitation or educational training
- Facility charges for room and board in assisted living and residential settings are not covered, except when member is receiving medically necessary acquired brain injury rehabilitation services in an acute inpatient hospital setting (an acute hospital, rehabilitation hospital, assisted living facility, or skilled nursing facility) licensed in the state of Texas. (Refer to the *Covered Benefits* section).

- Hypnotherapy
- In-home acquired brain injury rehabilitation care unless documented to be medically necessary under a plan of care established and periodically reviewed and ordered by a UnitedHealthcare contracting physician. (Refer to the *Federal/State Mandated Regulations* and *Not Covered* sections. Check the member's EOC/SOB).
- Physical or psychological examinations for court hearings, travel, premarital, pre-adoption, employment, or other non-preventive health reasons are not covered, with the exception of services associated with acquired brain injury
- Services for conditions such as learning disabilities, mental retardation and related conditions and developmental delay.  
**Note:** Member may have coverage under mental health benefits; check the member's EOC/SOB to determine coverage eligibility. Refer to the Benefit Interpretation Policy titled [Pervasive Developmental Disorder and Autism Spectrum Disorder.](#))
- Vocational rehabilitation

## Policy History/Revision Information

Date	Summary of Changes
06/01/2024	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Added reference link to the Medical Management Guideline titled: <ul style="list-style-type: none"> <li>○ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i></li> <li>○ <i>Home Health, Skilled, and Custodial Care Services</i></li> </ul> </li> </ul> <p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Revised language to indicate: <ul style="list-style-type: none"> <li>○ Acquired brain injury rehabilitation services and facility charges are covered in both inpatient and outpatient setting</li> <li>○ The following services are covered when determined medically necessary, clinically proven, goal-oriented, efficacious, based on individualized treatment plans, and provided by or ordered and provided under the direction of a licensed health care practitioner acting within the scope of their licensure or certification: <ul style="list-style-type: none"> <li>▪ Biofeedback</li> <li>▪ Cognitive rehabilitation therapy</li> <li>▪ Cognitive behavioral therapy</li> <li>▪ Cognitive communication therapy</li> <li>▪ Community reintegration services, including outpatient day treatment services</li> <li>▪ Neurocognitive therapy and rehabilitation</li> <li>▪ Neurobehavioral testing and treatment</li> <li>▪ Neurophysiological, neuropsychological, and psychophysiological testing and treatment</li> <li>▪ Neurofeedback therapy</li> <li>▪ Other post-acute care treatment services determined medically necessary as a result of and related to an acquired brain injury</li> <li>▪ Post-acute transition services</li> <li>▪ Remediation</li> </ul> </li> <li>○ Inpatient services must be provided in a hospital setting (an acute hospital, rehabilitation hospital, assisted living facility, or skilled nursing facility) licensed in the state of Texas</li> <li>○ Refer to the following Medical Management Guidelines for additional information: <ul style="list-style-type: none"> <li>▪ <i>Cognitive Rehabilitation</i></li> <li>▪ <i>Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)</i></li> <li>▪ <i>Home Health, Skilled, and Custodial Care Services</i></li> <li>▪ <i>Neuropsychological Testing Under the Medical Benefit</i></li> </ul> </li> </ul> </li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>• Revised list of non-covered services to reflect/include: <ul style="list-style-type: none"> <li>○ Acquired brain injury rehabilitation services: <ul style="list-style-type: none"> <li>▪ For a member who has met the goals of the treatment plan (maximum benefit or plateau)</li> <li>▪ For a member who cannot progress to meet the treatment plan goals</li> <li>▪ The service primary focus is educational in nature, such as vocational rehabilitation or educational training</li> </ul> </li> <li>○ Facility charges for room and board in assisted living and residential settings, except when member is receiving medically necessary acquired brain injury rehabilitation services in an acute inpatient hospital setting (an acute hospital, rehabilitation hospital, assisted living</li> </ul> </li> </ul>

Date	Summary of Changes
	<p>facility, or skilled nursing facility) licensed in the state of Texas; refer to the <i>Covered Benefits</i> section [of the policy]</p> <ul style="list-style-type: none"> <li>○ Hypnotherapy</li> <li>○ In-home acquired brain injury rehabilitation care unless documented to be medically necessary under a plan of care established and periodically reviewed and ordered by a UnitedHealthcare contracting physician; refer to the <i>Federal/State Mandated Regulations</i> and <i>Not Covered</i> sections [of the policy] and the member's EOC/SOB</li> <li>○ Physical or psychological examinations for court hearings, travel, premarital, pre-adoption, employment, or other non-preventive health reasons, with the exception of services associated with acquired brain injury</li> <li>○ Services for conditions such as learning disabilities, mental retardation, and related conditions and developmental delay <ul style="list-style-type: none"> <li>▪ Member may have coverage under mental health benefits; refer to the: <ul style="list-style-type: none"> <li>- Member's EOC/SOB to determine coverage eligibility</li> <li>- Benefit Interpretation Policy titled <i>Pervasive Developmental Disorder and Autism Spectrum Disorder</i></li> </ul> </li> </ul> </li> <li>○ Vocational rehabilitation</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Removed <i>Definitions</i> section</li> <li>● Archived previous policy version BIP137.J</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.