

Cognitive rehabilitation

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *97129

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See below for the questions you'll encounter in the e-referral system.

Q Are the patient's cognitive deficits a result of a neurologic impairment due to traumatic brain injury or stroke?

A

Possible answers: Yes No N/A

Q Does the patient have sufficient cognitive function to understand and participate in the program as well as adequate language expression and comprehension (the patient should not have severe aphasia)?

A

Possible answers: Yes No N/A

Q Is there documentation in the patient's medical record of potential for improvements based on the patient's pre-injury function?

A

Possible answers: Yes No N/A



**Blue Care
Network**
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Preview questionnaire Cognitive rehabilitation

For Blue Care Network commercial and BCN AdvantageSM

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Q Is the member expected to make significant cognitive improvement (member is not in a vegetative or custodial state)?

A

Possible answers: Yes No N/A

Q Does the patient have one of the following conditions (A-I)? A. Intellectual disability. B. Multiple sclerosis C. Cerebral palsy. D. Encephalopathy. E. Status post brain surgery. F. Dementia (for example, from Alzheimer's disease, HIV-infection or Parkinson's disease). G. Cognitive decline chronic obstructive pulmonary disease. H. Behavioral or psychiatric disorders such as attention-deficit/hyperactivity disorder and schizophrenia. I. Pervasive developmental disorders. Note: If the request is NOT to treat a patient with one of these conditions, you MUST select No.

A

Possible answers: Yes No N/A