1. Purpose
The purpose of this policy is to establish the criteria for the medical necessity of cognitive skills development.

2. Definitions
Cognitive skills development involves direct one-on-one patient contact in the development of skills to help improve impaired cognitive functions with the intent of enhancing the patient’s ability to process and interpret information or develop compensatory strategies and to improve the patient’s overall ability to function in all aspects of family and community life. These procedures are timed services and should be reported for each 15 minute time period performed.

3. Statement of Policy
3.1. The determination of medical necessity for the need for the performance of cognitive skills development is always made on a case-by-case basis.

3.2. Cognitive skills development may be considered medically necessary for persons with cognitive deficits resulting from congenital and/or acquired brain injuries.

3.3. Cognitive skills development may be considered medically necessary only when it requires the professional skills of a licensed health care provider, is designed to address the specific needs of the patient, and must be part of an active treatment plan directed at the specific outcome of enhancing the patient's capacity to process and interpret information and to improve the patient's overall ability to function in all aspects of family and community life.

3.4. To be considered medically necessary, there must be a reasonable expectation that the patient will demonstrate significant and measurable functional benefits from the training.

4. References
4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding cognitive skills development and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become
available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**

5. **Attachments**

5.1. *Provider Manual*
Table of Revisions

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<td>Annual review. No changes to policy text. Text below Table of Revisions added.</td>
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Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s medical policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.