

**HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS**

**CHAPTER: 2**  
**SECTION: 8**  
**TITLE: REHABILITATIVE SERVICES**

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**AUTHORITY:** 38 CFR 17.900 and 17.901

**RELATED REFERENCES:** M-2, Part I, Chapter 19; M-2, Part XXIV, Chapter 6

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**I. DESCRIPTIONS**

A. Rehabilitative care refers to such services and or treatment programs designed to develop, maintain and/or restore functional ability to the maximum capacity possible.

B. Habilitative care refers to such services designed to assist individuals in acquiring, retaining, and improving skills necessary to remain in home and community-based settings.

**II. POLICY**

A. Rehabilitative and habilitative services are covered when medically necessary and related to the covered condition(s).

B. The following therapies and services when rendered by an authorized provider or employee of an authorized provider are covered when they are part of an approved comprehensive rehabilitation treatment plan:

1. Physical therapy which includes treatment by physical means, hydrotherapy, heat, or similar methods, physical agents, biomechanical and neuro-physiological principles and devices to relieve pain, restore maximum function, and prevent disability following disease, injury or loss of a body part.

2. Long-term maintenance physical therapy may be covered when:

- a. provided under the supervision of a licensed physical therapist,
- b. provided by an athletic trainer acting within the scope of his/her license or certification, and
- c. there is medical documentation justifying the need.

3. Rehabilitation counseling to restore a disabled person to customary activity levels through education and therapy.

4. Mental health services to include inpatient and outpatient treatment.
5. Speech pathology services.
  - a. Services that have been demonstrated to be capable of reliably confirming the severity of impaired speech related to a covered condition.
  - b. Services that have been demonstrated to reduce or arrest the severity of impaired speech attributable to a covered condition.
  - c. Speech pathology services rendered by other than a physician must be ordered by, and under the general supervision of, a physician.
  - d. Sign language may be covered to learn basic communication skills when deafness can be reasonably attributed to the adverse effects of long-term antibiotic use for infections (e.g., gentamycin for urinary tract infection) or is otherwise related to a covered condition.
6. Occupational therapy to promote health, prevent injury or disability, and to develop, improve, sustain, or restore functions which have been lost or reduced as a result of a covered condition.
7. Parenteral and enteral nutrition therapies to provide nutrition for patients who have pathology of the alimentary or gastrointestinal tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the patient's general condition. These therapies may be provided on either an inpatient or outpatient basis.
8. Osteopathic and chiropractic manipulative therapy.
9. Cognitive rehabilitation is intended to remedy cognitive, daily living and psychosocial ability impairments that usually develop secondary to traumatic brain damage. Deficits in cognition may be described as impaired attention/concentration, reasoning/problem solving, planning, organization, expressive communication, information processing, memory, judgement, and perception.
  - a. Services that incidentally address cognitive deficits such as factors involved with the restoration of lost neuromuscular functions are covered.
  - b. Diagnostic or assessment tests and examinations that are prescribed specifically and uniquely to measure the severity of cognitive impairment are covered.
  - c. Inpatient cognitive rehabilitation is covered for a maximum of 65 calendar days, to include pre-evaluations, for the purpose of completing a specially designed treatment plan resulting in discharge to a safe living environment (i.e., assisted living, home/family, or independent living).

(1) Three follow-up re-evaluations are allowed.

(2) If rehabilitation is interrupted because of medical complications (e.g., admission for hospital care), readmission for cognitive rehabilitation is authorized for the completion of 65 days.

(3) If more than one 65 day cognitive rehabilitation admission is requested in a beneficiary's lifetime, comprehensive documentation is required prior to authorization detailing what events caused a significant set back in the beneficiary's condition, what improvements can be anticipated from the rehabilitation, and why it is anticipated that an additional period of cognitive rehabilitation would provide further benefits.

### **III. EXCLUSIONS**

A. Treatment for speech disturbance of a non-organic (psychiatric or emotional) origin.

B. Myofunctional or tongue thrust therapy is not a proven therapy.

C. Assisted living which includes group home, apartments, etc.

D. Vocational rehabilitation and training (refer to 38 USC 1804 for covered services).

E. Camps.

**\*END OF POLICY\***