



**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

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## **Habilitation Services and Devices**

**MP9443**

**Covered Service:** Yes

**Prior Authorization  
Required:** No

**Additional  
Information:** Habilitation Services are only for those plans that have the benefit.

### **Medica Medical Policy:**

**Definition:** Habilitation services assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings. Habilitation services are distinct from rehabilitation services in that they help a person attain a particular function as opposed to restoring it.

Habilitation **does not** include:

- 1.0 Special education and related services (as such terms are defined in Section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401)) which otherwise are available to the individual through a local educational agency;
- 2.0 Vocational rehabilitation services which are otherwise available to the individual through a program funded under section 110 of Rehabilitation Act of 1973 (29 U.S.C. 730).

**Limitations:** The service must be medical in character, ordered by a participating provider, rendered by a health care professional certified by the appropriate state certifying board and operating within the scope of their license. Examples include: PT, OT, ST, Therapy, etc. General education, work hardening, sports training, vocational training, and training provided by non-licensed providers and non-contracted providers are not considered medical services under the certificate. Residential care, respite care, and court ordered care are not medically necessary under this certificate. Benefits are subject to the medical necessity determination, and are limited to those necessary to reside successfully in home and community based settings.

- 3.0 Habilitation services **do not require** prior authorization and are similar in type and scope to rehabilitative services, though the etiology of the difficulty, condition, and exact course of treatment may differ and require a prior authorization through the Health Services Division. They are considered medically necessary when **ONE** of the following are met:
  - 3.1 These services help the member acquire functions needed to reside successfully in the home or community (maintain functioning and prevent further deterioration)
  - 3.2 Facilitate return to work in appropriate circumstances
- 4.0 Habilitation services **do not require** a prior authorization for maintenance programs, which may be time limited based on the needs of the individual receiving treatment.

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- 5.0 Medically necessary habilitation services include **ANY** of the following:
- 5.1 Physical, Occupational and Speech Therapy;
  - 5.2 Counseling for socialization and self-help;
  - 5.3 Behavioral health services;
  - 5.4 Devices
- 6.0 The following services are considered not medically necessary for habilitation services (this may not be all-inclusive):
- 6.1 Custodial care
  - 6.2 Daycare
  - 6.3 Recreational care
  - 6.4 Respite care
  - 6.5 Vocational/Life training
- 7.0 Habilitation devices such as prosthetics, orthotics and related supplies **require** prior authorization and are considered a covered expense if medically necessary.
- 8.0 Habilitation devices are medically necessary only if they improve functional ability or prevents or minimizes deterioration in function.
- 9.0 Habilitation devices include replacement of such equipment or devices when required due to wear, or because of a change in the member's condition; repair and maintenance of such equipment and devices, and fitting (including adjustments) and training for use of these items.
- 10.0 Coverage for habilitation devices that are lost, damaged due to misuse, malicious breakage or gross neglect are not medically necessary.
- 11.0 All other indications not listed above are considered not medically necessary.

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