

Affordable Care Act – Habilitative Services (Federal Health Care Reform)

The Affordable Care Act (ACA) requires that non-grandfathered, fully insured health plans, offered in the Individual and Small Group markets, both on and off the exchanges, provide coverage of habilitative services and devices. Habilitative services and devices are among the ten “Essential Health Benefits” (EHB) that must be covered by certain health plans. Effective January 1, 2016, health plans may not impose limits on coverage of habilitative services and devices that are less favorable than any such limits imposed on coverage of rehabilitative services and devices. In addition, for plan years beginning on or after January 1, 2017, health plans may not impose combined limits on habilitative and rehabilitative services and devices. Harvard Pilgrim members will have cost sharing responsibilities for both services.

Definition

Habilitative services is health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical, occupational and speech-language pathology and other services for people with disabilities in a variety of inpatient and outpatient settings.

Employer groups maintaining “grandfathered” or “grandmothered” status under the ACA are not required to offer EHB.

Coverage and Services

All diagnoses codes of habilitative services must be billed in the primary position with the GO/GP modifier in the first position; and the SZ modifier which will identify the services as habilitative to track to the separate limits.

Please refer to the [ICD-10 Habilitative Services Codes](#).

PUBLICATION HISTORY

10/15/16	original documentation
10/01/17	updated ICD-10 codes
12/03/19	updated ICD-10 codes
10/01/20	updated ICD-10 codes
11/01/21	annual review; no changes