

## Appendix C - Habilitative Services Data Requirements

Pursuant to 45 CFR 156.110(f), if the base-benchmark plan did not include coverage of habilitative services, the State would be permitted to determine the services included in the habilitative services category. If States did not define the habilitative services category, plans would be required to provide these benefits as defined in 45 CFR 156.115(a)(4). As an alternative to the transitional approach outlined in 45 CFR 156.115(a)(4), if the EHB benchmark plan does not include coverage for habilitative services and the State does not determine habilitative benefits, a health insurance issuer must either provide parity by covering habilitative services benefits that are similar in scope, amount, and duration to benefits covered for rehabilitative services or decide which habilitative services to cover and report on that coverage to HHS. HHS expects that the data collection will collect benefit information from 50 issuers. The following lays out the specifics of the data elements to be collected:

### *Habilitative Services Benefit Data Elements*

**Table 1**

<b>Habilitative Services</b>	<b>Covered Inpatient</b>	<b>Covered Outpatient</b>	<b>Limits</b>	<b>Exclusions (incl. diagnosis exclusions)</b>
Physical Therapy	Y/N	Y/N	Describe Limits	Describe Exclusions
Occupational Therapy	Y/N	Y/N	Describe Limits	Describe Exclusions
Speech-Language Pathology	Y/N	Y/N		Describe Exclusions
Other Services – <i>please list all other services covered</i>	Free text	Free text	Describe Limits	Describe Exclusions

**Table 2**

<b>Habilitative Devices</b>	<b>Covered?</b>	<b>Limits</b>	<b>Exclusions (incl. diagnosis exclusions)</b>
Durable Medical Equipment	Y/N	Describe Limits	Describe Exclusions
Prosthetics	Y/N	Describe Limits	Describe Exclusions
Orthotics	Y/N	Describe Limits	Describe Exclusions
Mobility Equipment	Y/N	Describe Limits	Describe Exclusions
Supplies	Y/N	Describe Limits	Describe Exclusions
Other Devices - <i>please list all other device types covered for habilitative purposes</i>	Describe additional Devices	Describe Limits	Describe Exclusions

1.