Clinical Practice Guideline: **Self-Care/Home Management Training**

Date of Implementation: **April 19, 2012**

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers Self-Care/Home Management Training as medically necessary when provided by an appropriately trained practitioner to patients whose history and exam findings indicate a benefit from training in activities of daily living (ADL), compensatory training, meal preparation, safety procedures, and instructions in the use of adaptive equipment and assistive technology for use in the home environment. Self-Care/Home Management Training is a specialized service and only indicated when further training or evaluation beyond what is included in the Evaluation and Management (E/M) service is required, or for practitioners not performing E/M services, beyond the evaluation/reevaluation service.

INTRODUCTION

Self-Care/Home Management Training involves instructing and training impaired individuals in essential activities of daily living (ADL) and self-care activities (e.g., bathing, feeding, dressing, preparing meals, toileting, walking, making bed, and transferring from bed to chair, wheelchair, or walker). This also includes compensatory training for ADL, safety procedures, and instructions in the use of adaptive equipment and assistive technology for use in the home environment.

According to the World Health Organization International Classification of Functioning, Disability, and Health (ICF), there are three (3) levels of human function: functioning at the level of body or body parts; the whole person; and the whole person in their complete environment. Each level contains three (3) domains of human function: body functions and structures; activities; and participation. Disability refers to a decrement at each level (i.e., impairment, an activity limitation, and a participation restriction).

Self-Care/Home Management Training is reasonable and necessary only when it requires the skills of a practitioner, is designed to address specific needs of the patient, and is part of an active treatment plan directed at a specific outcome. The patient must also have a condition for which self-care/home management training is reasonable and necessary.

This procedure enables the patient to perform essential activities of daily living related to the patient's health and hygiene, within or outside the home, with minimal or no assistance from others. The training should be focused on a functional limitation(s) in which there is potential for improvement in a functional task that will be meaningful to the patient and

Revised – March 21, 2024
To CQT for review 02/12/2024
CQT reviewed 02/12/2024
To QIC for review and approval 03/05/2024
QIC reviewed and approved 03/05/2024
To QOC for review and approval 03/21/2024
QOC reviewed and approved 03/21/2024

the caregiver. The patient and/or caregiver must have the capacity and willingness to learn from instructions.

Many ADL and instrumental activity of daily living (IADL) impairments may require the unique skills of a practitioner to evaluate the patient's abilities, design the program and instruct the patient or caregiver in safe completion of the special technique. However, repetitious completion of the activity, once taught and monitored, is not considered self-care/home management training.

For example, as part of the initial occupational therapy program following a total hip arthroplasty, a patient may need to learn adaptive lower extremity dressing techniques due to pain, limited ROM and hip precautions. The practitioner will need to evaluate the patient to determine the appropriate technique to be taught based on the patient's unique assessment and will instruct the patient and/or caregiver in the special technique. Once the special dressing technique has been taught and monitored for safe completion, repetitious carrying out or practicing of the dressing technique would be considered non-skilled and would not be medically necessary.

In the above example, instructing the patient on using a sock aide for dressing would be an appropriate use of code 97535 (self-care/home management training). However, if the instruction given is for exercises to be done at home to improve ROM or strength use 97110.

CPT® CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

The patient's medical records should document the practitioner's clinical rationale for the specific services provided, as well as support that the services provided required the skills and expertise of a practitioner by including:

- Objective measurements of the patient's activity of daily living (ADL)/instrumental activity of daily living (IADL) impairment to be addressed;
- The specific ADL and/or compensatory training provided, specific safety procedures addressed, specific adaptive equipment/assistive technology utilized, instruction given, and assistance required (verbal or physical); and
- The patient's response to the intervention.

CPT® Code	CPT® Code Description
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.

To CQT for review 02/12/2024
CQT reviewed 02/12/2024
To QIC for review and approval 03/05/2024
QIC reviewed and approved 03/05/2024
To QOC for review and approval 03/21/2024
QOC reviewed and approved 03/21/2024

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine if they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References:

American Medical Association. (current year). Current Procedural Terminology (CPT) Current year (rev. ed.). Chicago: AMA

American Occupational Therapy Association. (n.d.). Retrieved January 28, 2024, from www.aota.org

American Physical Therapy Association. (n.d.). Retrieved January 28, 2024, from www.apta.org

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Outpatient PHYSICAL and Occupational THERAPY Services (L33631). . Retrieved January 28, 2024, from, https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=51&NCDId=72&ncdver=1&SearchType=Advance

1 d&CoverageSelection=Both&NCSelection=NCD%7cTA&ArticleType=Ed%7cKey
2 %7cSAD%7cFAQ&PolicyType=Final&s=---
3 %7c5%7c6%7c66%7c67%7c9%7c38%7c63%7c41%7c64%7c65%7c44&KeyWord=
4 laser+procedures&KeyWordLookUp=Doc&KeyWordSearchType=And&kq=true&b
5 c=IAAAABAAAAAA&
6
7 Guide to Physical Therapist Practice 4.0. Alexandria, VA: American Physical Therapy
8 Association; 2023
9
10 Joint Commission International. (2020). Joint Commission International Accreditation
11 Standards for Hospitals (7th ed.): Joint Commission Resources

To CQT for review 02/12/2024
CQT reviewed 02/12/2024
To QIC for review and approval 03/05/2024
QIC reviewed and approved 03/05/2024
To QOC for review and approval 03/21/2024
QOC reviewed and approved 03/21/2024