

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

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

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5 **Effective Date: March 19, 2026**

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7 **Product: Specialty**

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10 **GUIDELINES**

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

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21 **INTRODUCTION**

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

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

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

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41 This procedure enables the patient to perform essential activities of daily living related to  
42 the patient's health and hygiene, within or outside the home, with minimal or no assistance

1 from others. The training should be focused on a functional limitation(s) in which there is  
 2 potential for improvement in a functional task that will be meaningful to the patient and  
 3 the caregiver. The patient and/or caregiver must have the capacity and willingness to learn  
 4 from instructions.

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

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

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 21 In the above example, instructing the patient on using a sock aide for dressing would be an  
 22 appropriate use of code 97535 (self-care/home management training). However, if the  
 23 instruction given is for exercises to be done at home to improve ROM or strength use  
 24 97110.

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 26 **CPT® CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE**  
 27 **MEDICAL NECESSITY**

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

- 31 • Objective measurements of the patient’s activity of daily living (ADL)/instrumental  
 32 activity of daily living (IADL) impairment to be addressed;
- 33 • The specific ADL and/or compensatory training provided, specific safety  
 34 procedures addressed, specific adaptive equipment/assistive technology utilized,  
 35 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.

### 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:

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