1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of Activities of Daily Living (ADL) training and Self-Care Management training.

2. **Definitions**
   Activities of daily living training and self-care management training is defined as direct one-on-one supervision and instruction in the performance of essential activities of daily living related to the patient's health and hygiene. This is including but not limited to compensatory training for a patient's impairments, meal preparation, safety procedures, personal hygiene including bathing and use of a toilet and instructions in the use of assistive technology devices and/or adaptive equipment. These procedures are timed services and should be reported for each 15 minute time period performed.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the performance of activities of daily living training and self-care management training is always made on a case-by-case basis.
   3.2. Activities of daily living training and self-care management training may be considered **medically necessary** for patients who are impaired as a result of a developmental disability, injury, illness or surgery and require supervised training to help perform their normal activities of daily living which include but are not limited to bathing, grooming, dressing, eating, preparing meals, toileting, and transfers.
   3.3. Activities of daily living training and self-care management training is considered **medically necessary** only when it requires the professional skills of a licensed health care provider, is designed to address the specific needs of the patient, and must be part of an active treatment plan directed at a specific outcome.
   3.4. To be considered **medically necessary**, there must be a reasonable expectation that the patient's functional level will improve as a result of this intervention. Once the patient is independent in performing their activities of daily living, further skilled training is considered **not medically necessary**.

4. **References**
   4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding Activities of Daily Living (ADL) training and Self-Care Management training and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

- Finlayson M, Mallinson T, Barbosa VM. Activities of daily living (ADL) and instrumental activities of daily living (IADL) items were stable over time in a longitudinal study on aging. *J Clin Epidemiol.* 2005 Apr;58(4):338-49.
• Reed K, Sanderson SN. Concepts of Occupational Therapy Practice Baltimore: Lippincott Williams & Wilkins, 1999.
• Rist PM, Freas DW, Maislin G, Stineman MG. Recovery from disablement: what functional abilities do rehabilitation professionals value the most?. Archives of Physical Medicine & Rehabilitation. 89(8):1600-6, 2008 Aug.

4.2. Related Triad Medical Policies:

• **TMMP 18 - Medical Necessity Policy**

5. **Attachments**

5.1 *Provider Manual*

**Table of Revisions**

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