1. **Purpose**  
The purpose of this policy is to establish criteria for the medical necessity of community/work reintegration training.

2. **Definitions**  
Community/work reintegration training is defined as direct one-on-one contact and instruction in the performance of essential activities of daily living related to the patient's ability to function in the community and to be reintegrated into the work environment. This includes, but is not limited to shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology device/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 community/work reintegration training is always made on a case-by-case basis.

3.2. Community/work reintegration 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 and/or situational modification to help perform essential activities of daily living related to the patient's ability to function in the community and be reintegrated into the work environment. This includes, but is not limited to shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology device/adaptive equipment.

3.3. Community/work reintegration training **is considered medically necessary** only when the following criteria are met:

- It requires the professional skills of an adequately trained licensed health care provider;
- The training is tailored to address the specific needs of the patient as they relate to the community and their ability to be reintegrated into the work environment. This would require an appropriate functional, occupational (employer provided job description) and/or assistive technology assessment in those patients where such
services and/or devices are being considered to identify the patient’s specific impairments and needs.

- Must be part of an active treatment plan directed at a specific outcome, in particular return to work or community reintegration.

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 community/work reintegration 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.


• Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy,* 56, 609-637


• Reed K, Sanderson S. *Concepts of Occupational Therapy Practice* Baltimore: Lippincott Williams & Wilkins, 1999.


• Trombly C., ed. Occupational Therapy for Physical Dysfunction Baltimore: Williams & Wilkins, 1995.


4.2. Related Triad Medical Policies:

• TMMP 18 – Medical Necessity

• TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures

• TMMP 118 – Activities of Daily Living Training/Self – Care Management Training

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97537</td>
<td>Community/work reintegration training (e.g., shopping, transportation, money</td>
</tr>
</tbody>
</table>
TMMP 128 – COMMUNITY / WORK
REINTEGRATION TRAINING

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, each 15 minutes.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/20/2015</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>02/19/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>03/03/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. CPT Code 97537 description revised to add “training” to “Community/work reintegration.”</td>
</tr>
<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed CPT code from policy title and added CPT table.</td>
</tr>
<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review; no changes.</td>
</tr>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.