



Physical Therapy (PT) & Occupation Therapy (OT) Guidelines
Executive Summary
Effective Date: July 7, 2022

Section Name	Version/Release Number	Section Number	Procedure Code	Summary of change	Will this change impact the current clinical decision-making?	If yes, both or unsure to prior Column, will it impact more than 1 case per week?	Provide citable, peer-reviewed/society references for all changes, except for editorial changes (i.e. formatting, wordsmithing, restructuring changes that don't impact clinical content)
PTOT-1.0 Criteria for the Provision of Physical and Occupational Therapy Services	V1-2022/9.15.22	1.1 Definitions	N/A PTOT review not code based	<p>Definitions to just be under PTOT-1.1 Definitions (removed subheadings 1.1.1 and 1.1.2)</p> <p>Updated definitions for skilled rehabilitative care, skilled maintenance care, skilled habilitative care, palliative care.</p> <p>Added definitins for Preventive care, Non-skilled care.</p> <p>Updated "Activities of Daily Living" to "Essential Functions of Daily Living" as one sub-term is activities of daily living.</p> <p>Updated "Clinical and Functional Response to Skilled Therapy" to "Appropriate Response to skilled care" to better reflect PTOT review process of looking for appropriate response to care, and to be more in-line with CMS language. Added clarity to appropriate response for all types of defined care.</p> <p>Added definition for complexities and complications to reduce redundancy of clarifying complexities and complications within each section</p> <p>Updated severity rating to match WHO definition instead of previous Occupational and Environmental Medicine definition.</p> <p>Clarified duplicative services</p> <p>Added definition for "Generally Accepted Standards of Practice" to clarify what consitutes standard of practice and to help frame what evidence-base we are using (published peer guidelines, etc) as well as to avoid needing to define it within each subsection of 2.0</p> <p>Added definition of "Individual" to clarify use of individual within the language means patient, client, patient plus a care-giver etc.</p>	No		<p>2. National Association of Insurance Commissioners. Glossary of Health Insurance and Medical Terms. https://www.naic.org/documents/committees_b_consumer_information_100921_final_glossary.pdf. Accessed 1/31/2022.</p> <p>6. World Health Organization. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva: WHO.</p> <p>7. Zadro J, O'Keefe M, Maher C. Do physical therapists follow evidence-based guidelines when managing musculoskeletal conditions? Systematic review. BMJ Open 2019;9:e032329. doi: 10.1136/bmjopen-2019-032329.</p> <p>8. https://www.cms.gov/Medicare/Coverage/DeterminationProcess</p>
		1.1.1 Care Classification		Removed heading, all definitions combined to one primary section (PTOT-1.1 Definitions)	No		
		1.1.2 Supplementary Definition		Removed heading, all defintions combined to one primary section (PTOT-1.1 Definitions)	No		
		1.2 Indications for Treatment		<p>Changed heading to "Criteria to Determine Medical Necessity for Skilled Physical/Occupational Therapy Care.</p> <p>Re-organized and clarified criteria to improve logical grouping of criteria requirements. Previous edition was primarily a bullet list with little organization. Grouped criteria by initial request or subsequent request and also rehabilitation vs maintenance to be in line with CMS definition of maintenance care. Overall criteria is still the same, but now more clear expectations and understanding of what is considered. Established that failure to meet the criteria would indicate care is not appropriate.</p> <p>Added clarity about what determines "dosage". The concept was in previous edition but much less clear and sporadic. Concept now under one subsection.</p> <p>Added clarity about expectation that as an individual responds appropriately less care is needed. Again, concept was in previous edition, but less clear.</p> <p>Added clarity about when care should be discontinued</p>	No		

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		1.3 Non- Indications		Remove subheading PTOT-1.3 Non-indications and integrated non-indication concepts into new PTOT-1.2 Criteria to Determine Medical Necessity for Skilled PT/OT Care. To reduce confusion over when individuals appear to meet both indications and non-indications	No		
		1.4 Benefits, Coverage Policies, and Eligibility		Changed to PTOT-1.3 Rules, Coverage, and Mandates heading. Updated language to be more general and encompassing. To explain we take into account any applicable rules, coverage or mandates as appropriate and they may take precedence over eviCore's criteria. Examples are provided, but details of specific mandates are reduced as these are subject to change and vary by state or region. Language to refer the reader back to specific health plan policies, mandates, etc for additional criteria details.	No		8. https://www.cms.gov/Medicare/Coverage/DeterminationProcess
		1.5 Administrative Rules		Section has been removed as the few items that were there no-longer apply.	No		
		References		Reference now all combined at end of guidelines. Removal of 12 references from this section. Update/Change of 4	No		
PTOT-2.0 General Musculoskeletal Conditions			N/A PTOT review not code based	Created new first level heading PTOT 2.0 Clinical Considerations. Clarifying language which serves to better inform about what clinical information we consider, and how it can impact a decision. Refers back to definitions and criteria, especially with consideration to evidence-based practice. Summarizes considerations stated throughout sections PTOT- 2.0-10.0 in previous version to eliminate redundancy. All clinical considerations also relocated as subheadings within PTOT-2.0 instead of being their own top level heading/section. This is to keep all clinical considerations as one section and so that the general considerations mentioned above apply to all clinical areas, but do not need to be repeated. Updated/clarified language about using standard measures to show response to care. Updated overall language to equally support physical therapy and occupational therapy. Past version gave less attention to occupational therapy language, terms and concepts. However, there is still limited published OT specific research compared to what is available specific to PT.	No		
		2.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		

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		2.2 Clinical Considerations		MSK clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.3: Musculoskeletal Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics regarding appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		37. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee (Non-Arthroplasty) Evidence-Based Clinical Practice Guideline. 2021. https://www.aaos.org/oak3cpg Published 08/31/2021 38. George SZ, Fritz JM, Silfies SP et al. Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021 Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2021;51(11):CPG1-CPG60. doi:10.2519/jospt.2021.0304. 39. Martin RL, Davenport TE, Fraser JJ et al. Ankle Stability and Movement Coordination Impairments: Lateral Ankle Ligament Sprains Revision 2021 Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2021;51(4):CPG1-CPG80. doi:10.2519/jospt.2021.0302 40. McDonough CM, Harris-Hayes M, Kristensen MT et al. Physical Therapy Management of Older Adults With Hip Fracture Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy and the Academy of Geriatric Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2021;51(2):CPG1-CPG81. doi:10.2519/jospt.2021.0301 41. Min K, Beom J, Kim BR et al. Clinical practice guideline for postoperative rehabilitation in older patient with hip fractures. Ann Rehabil Med. 2021;45(3):225-259. DOI: 10.5535/arm.21110. 42. National Institute for Health and Care Excellence. Chronic pain (primary and secondary) in over 16s: Assessment of all chronic pain and management of chronic primary pain. NICE Guideline NG 193.2021. ISBN: 978-1-4731-4066-0. 43. American Academy of Orthopaedic Surgeons. Management of Glenohumeral Joint Osteoarthritis Evidence-Based Clinical Practice Guideline. www.aaos.org/gjocpg . Published March 23, 2020. 44. American Academy of Orthopaedic Surgeons. Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. www.aaos.org/drfcpg . Published December 5, 2020. 45. Andrade R, Pereira R, van Cingel R et al. How should clinicians rehabilitate patients after ACL reconstruction? A systematic review of clinical practice guidelines with a focus on quality appraisal. Br J Sports Med. 2020; 54:512-519. DOI: 10.1136/bjsports-2018-100310.
		2.2 Clinical Considerations		MSK clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.3: Musculoskeletal Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics regarding appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		46. Lin I, Wiles L, Waller R, et al. What does best practice care for musculoskeletal pain look like? Eleven consistent recommendation for high-quality clinical practice guidelines: Systematic review. Br J Sports Med 2020;54:79–86. DOI: doi. org/ 10. 1136/bjsports- 2018- 099878. 47. Van Doormaal MCM, Meerhoff GA, Vliet Vlieland TPM, Peter WF. A clinical Practice guideline for physical therapy in patients with hip or knee osteoarthritis. Musculoskeletal Care. 2020;18:575-595. DOI: 10.1002/msc.1492. 49. Erikson M, Lawrence M, Stegink Jansen CW et al. Hand Pain and Sensory Deficits: Carpal Tunnel Syndrome, Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Hand and Upper Extremity Physical Therapy and the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2019;49(5):CPG1-CPG85. doi:10.2519/jospt.2019.0301. 51. Rousing R, Jensen RK, Fruensgaard S et al. Danish national clinical guidelines for surgical and nonsurgical treatment of patients with lumbar spinal stenosis. European Spine Journal. 2019;(28):1386-1396. DOI: 10.1007/s00586-019-05987-2. 52. Willy RW, Hogland LT, Barton CJ et al. Patellofemoral Pain: clinical practice guidelines linked to the International Classification of Functioning, Disability and Health from the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2019;49(9): CPG1-CPG95. doi:10.2519/jospt.2019.0302. 53. Bier JD, Scholten-Peeters WGM, Staal JB, et al. Clinical practice guideline for physical therapy assessment and treatment in patients with nonspecific neck pain. Phys Ther. 2018;98:162–171. 54. Logerstedt DS, Scalzitti D, Bennell KL et al. Knee pain and mobility impairments: Meniscal and articular cartilage lesions revision 2018. J Orthop Sports Phys Ther. 2018; 48(2):A1-A50. DOI: 10.2519/jospt.2018.0301. 56. Logerstedt DS, Scalzitti D, Risberg MA et al. Knee stability and movement coordination impairments: Knee ligament sprain revision 2017. J Orthop Sports Phys Ther. 2017;47(11):A1-A47. DOI: 10.2519/jospt.2017.0303. 57. Macfarlane GJ, Kronisch C, Dean LE et al. EULAR revise recommendations for the management of fibromyalgia. Ann Rheum Dis. 2017;76:318-328. DOI: 10.1136/annrheumdis-2016-209724. 58. American Academy of Orthopaedic Surgeons. Management of Carpal Tunnel Syndrome Evidence-Based Clinical Practice Guideline. Published February 29, 2016.
		2.3 Appendices (2.2.1 - 2.3.12)		Appendices removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There is a plethora of peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		

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		References		Removal of ~540 references. Update of previous clinical practice guidelines referenced to new versions for 2020, 2021, 2022 as available. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 25 updated references only. All bibliography at the very end of the publication.	No		
PTOT-3.0 Lymphedema			N/A PTOT review not code based				
		3.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		
		3.2 Clinical Considerations		Lymphedema clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.2: Lymphatic Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques. Update of research to be more current, new systematic reviews and some clinical practice guidelines had been published.	No		31. International Society of Lymphology. The diagnosis and treatment of peripheral lymphedema: 2016 consensus document of the International Society of Lymphology. Lymphology. 2016;49:170-184. 32. Damstra R, Halk AB. The Dutch lymphedema guidelines based on the International Classification of Functioning, Disability, and Health and the Chronic care model. J of Vasc Surg:Venous and Lym Dis. 2017;1-10. DOI: 10.1016/j.jvsv.2017.04.012 33. Bjork R, Hettrick H. Lymphedema: New Concepts in Diagnosis and Treatment. Current Dermatology Reports. 2019; 8(4), 190-198. 34. Davies CC, Levenhagen K, Ryans K et al. An Executive Summary of the APTA Academy for Oncological Physical Therapy Clinical Practice Guideline: Interventions for breast cancer-related lymphedema. Rehabilitation Oncology. 2020;103-110. DOI: 10.1097/01.REO.0000000000000223. 35. Damstra R, Halk AB. The Dutch lymphedema guidelines based on the International Classification of Functioning, Disability, and Health and the Chronic care model. J of Vasc Surg:Venous and Lym Dis. 2017;1-10. DOI: 10.1016/j.jvsv.2017.04.012. 36. Levenhagen K, Davis C, Perdomo M et al. Diagnosis of upper quadrant lymphedema secondary to cancer: Clinical practice guideline from the oncology section of the American Physical Therapy Association. Phys Ther. 2017; 97:729-745.
		3.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There are sufficient peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		
		References		Update, replace or removal of all 12 references in previous edition. New clinical practice guidelines referenced which were not in previous version. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 6 updated references only. All bibliography at the very end of the publication.	No		
PTOT-4.0 Neurological Conditions			N/A PTOT review not code based				
		4.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		

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		4.2 Clinical Considerations		Neurologic clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.4: Neurological Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		62. Dept of Veterans Affairs and Department of Defence. VA/DOD Clinical Practice Guidelines: Management and Rehabilitation of Post-Acute Mild Traumatic Brain Injury, V 3.0. 2021. https://www.healthquality.va.gov/guidelines/Rehab/mtbi/ 63. Osborne JA, Botkin R, Colon-Semenza C, et al., Physical Therapist Management of Parkinson Disease: A Clinical Practice Guideline from the American Physical Therapy Association, Physical Therapy, 2021; pzab302, doi: 10.1093/ptj/pzab302. 64. Quatman-Yates CC, Hunter-Giordano A, Shimamura KK et al. Physical Therapy Evaluation and Treatment After Concussion/Mild Traumatic Brain Injury Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy, American Academy of Sports Physical Therapy, Academy of Neurologic Physical Therapy, and Academy of Pediatric Physical Therapy of the American Physical Therapy Association. J Orthop Sports Phys Ther. 2020;50(4):CPG1-CPG73. doi:10.2519/jospt.2020.0301. 65. Dept of Veterans Affairs and Department of Defence. VA/DOD Clinical Practice Guidelines for the Management of Stroke Rehabilitation, v 4.0. 2019. https://www.healthquality.va.gov/guidelines/Rehab/stroke/ 66. Grimes D, Fitzpatrick M, Gordon J et al. Canadian guideline for Parkinson disease. CMAJ 2019 September 9;191:E989-1004. doi: 10.1503/cmaj.181504. 67. Hornby TG, Reisman DS, Ward IG et al. Clinical practice guideline to improve locomotor function following chronic stroke, incomplete spinal cord injury and brain injury. JNPT. 2019;44:49-100. DOI: 10.1097/NPT.0000000000000303. 68. National Institute for Health and Care Excellence. Cerebral palsy in adults (NICE guideline NG119). 2019. www.nice.org.uk/guidance/ng119 . 69. Marin Ginis KA, van der Sheer JW, Latimer-Cheung AE et al. Evidence-based scientific exercise guidelines for adults with spinal cord injury: an update and a new guideline. Spinal Cord. 2018;56: 308-321. DOI: 10.1038/s41393-017-0017-3. 70. Teasell R, Iruthayarajah J, Saikaley M, Longval M. Evidence-based Review of Stroke Rehabilitation (EBRSR) 19th ed. 2018. Ontario, Canada. http://www.ebrsr.com/evidence-review . 71. Haselkorn JK, Hughes C, Rae-Grant A et al. Summary of comprehensive systematic review: Rehabilitation in multiple sclerosis. Neurology. 2015;85:1896-1903. 72. Serrada I, Hordacre B, Hillier SL. Does sensory retraining improve sensation and sensorimotor function following stroke: a systematic review and meta-analysis. Frontiers in neuroscience.2019; 13, p.402. 73. Yilmazer C, Boccuni L, Thijs L, Verheyden G. Effectiveness of somatosensory interventions on somatosensory, motor and functional outcomes in the upper limb post-stroke: A systematic review and meta-analysis. NeuroRehabilitation. 2019;44(4):459-477.
		4.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There is a plethora of peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		
		References		Update, replace or removal of all 174 references in previous edition. New clinical practice guidelines and systematic reviews referenced which were not in previous version. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 12 updated references. All bibliography at the very end of the publication.	No		
PTOT-5.0 Pain Syndromes			N/A PTOT review not code based	Section removed and applicable clinical considerations combined with Sections PTOT-2.0, 2.3 and appropriate definitions in PTOT-1.1. There are not sufficient peer reviewed clinical practice guidelines and systematic reviews with strong recommendations to necessitate an individual section. Current best recommendations for pain syndromes is appropriate activity per MSK guidelines and additional care from other professions such as mental health, which is out of scope of PT/OT practice.	No		
		5.1 Additional Criteria to Establish Medical Necessity		Removed			
		5.2 Clinical Considerations		Removed			
		5.3 Appendix		Removed			

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		References		Removed			
PTOT-6.0 Pelvic Dysfunction			N/A PTOT review not code based				
		6.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		
		6.2 Clinical Considerations		Pelvic dysfunction clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.6: Pelvic Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		81. Dumoulin C, Cacciari LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database of Systematic Reviews 2018, Issue 10 Art. No.: CD005654. DOI: 10.1002/14651858.CD005654.pub4. 82. Engeler D, Baranowski AP, Borovicka J et al. EAU Guidelines on Chronic Pelvic Pain. Chronic Pelvic Pain. Eur UROL 2016; 342-364. ISBN 978-90-79754-98-4. 83. Clinton SC, Newell A, Downey PA, Ferreira K. Pelvic girdle pain in the antepartum population: Physical therapy clinical practice guidelines linked to the international classification of functioning, disability and health from the Sections on Women's Health and the Orthopaedic Section of the American Physical Therapy Association. J Womens Health Phys Ther. 2017; 41(2): 102-125. DOI: 10.1097/JWH.0000000000000081. 84. National Institute for Health and Care Excellence. Pelvic floor dysfunction: prevention and non-surgical management. NICE Guideline (ng210) 2021. www.nice.org.uk/guidance/ng210. 85. Dufour S, Wu M. Conservative care of urinary incontinence in women. Journal of Obstetrics and Gynaecology Canada 2020;42(4):P510-522. DOI: 10.1016/j.jogc.2019.04.009. 86. Woodley SJ, Lawrenson P, Boyle R, Cody JD, Mørkved S, Kernohan A, Hay-Smith EJC. Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database of Systematic Reviews 2020, Issue 5. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.pub4.
		6.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There were a few new peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		
		References		Update, replace or removal of all 34 references in previous edition. New clinical practice guidelines and systematic reviews referenced which were not in previous version. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 6 updated references. All bibliography at the very end of the publication.	No		
PTOT-7.0 Vestibular Conditions			N/A PTOT review not code based				
		7.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		
		7.2 Clinical Considerations		Vestibular clinical considerations relocated to subheading under 2.0, will become PTOT 2.8: Pelvic Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		95. Hall CD, Herdman SJ, Whitney SL et al. Vestibular rehabilitation for peripheral vestibular hypofunction: An evidence-based clinical practice guideline. JNPT. 2021;00:1-60. DOI: 10.1097/NPT.0000000000000382. 96. Regauer V, Seckler E, Muller M, Bauer P. Physical therapy interventions for older people with vertigo, dizziness and balance disorders addressing mobility and participation: A systematic review. BMC Geriatrics. 2020;20:494. DOI: 10.1186/s12877-020-01899-9. 97. Bhattacharyya N, Gubbels SP, Shwartz SR et al. Clinical practice guideline: Benign paroxysmal positional vertigo (Update). Otolaryngology-Head and Neck Surgery. 2017;156(3S):S1-S47. DOI: 10.1177/0194599816689667

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		7.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There are limited peer-reviewed practice guidelines, systematic reviews and meta-analyses, however they are strongly applicable and can already be referred to.	No		
		References		Removal of 13 references. Update of previous clinical practice guidelines referenced to new versions for 2020, 2021, 2022 as available. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 3 updated references. All bibliography at the very end of the publication.	No		
PTOT-8.0 Wounds, Burns and Skin Conditions			N/A PTOT review not code based				
		8.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		
		8.2 Clinical Considerations		Wounds, Burns and Skin clinical considerations relocated to subheading under PTOT-2.0, will become PTOT 2.1: Integumentary Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		<p>16. Barbul A. Chronic Wound Care Guidelines. www.woundheal.org. 2017. Available at: www.woundheal.org/files/2017/final_pocket_guide_treatment.pdf. Accessed online 2/15/2022.</p> <p>17. Rice P, Orgill, D. Assessment and Classification of Burn Injury. www.uptodate.com. 2021. Available at www.uptodate.com/contents/assessment-and-classification-of-burn-injury/print?search. Accessed online 2/15/2022.</p> <p>18. Schultz G, Sibbald R, Falanga V, Ayello E, Dowsett C, Harding K, Vanscheidt, W. (2003). Wound bed preparation: a systematic approach to wound management. Wound repair and regeneration. 2003; 11: S1-S28.</p> <p>19. Sheehan P, Jones P, Caselli A, Giurini JM, Veves A. Percent change in wound area of diabetic foot ulcers over a 4-week period is a robust predictor of complete healing in a 12-week prospective trial. Diabetes Care. 2003; 26; 1879-1882.</p> <p>20. Kantor J, Margolis DJ. A multicentre study of percentage change in venous leg ulcer area as a prognostic index of healing at 24 weeks. Br J Dermatol. 2000; 142; 960-964</p> <p>21. Papini R. Management of burn injuries of various depths. Bmj. 2004; 329: 158-160.</p> <p>22. Bowers S, Franco E. Chronic Wounds: Evaluation and Management. Am Fam Physician. 2020; 101; 159-166.</p> <p>23. Guo S DiPietro LA. Factors Affecting Wound Healing. Journal of Dental Research. 2021; 89: 219-229.</p> <p>24. ISBI Practice Guidelines committee. ISBI Practice Guidelines for Burn Care. Burns. 2016; 42:953-1021. DOI:10.1016/j.burns.2016.05.013.</p> <p>25. Werdin F, Tennenhaus M, Schaller H, Rennekampff H. Evidence-based management strategies for treatment of chronic wounds. Eplasty, 2009; 9.</p> <p>26. Arndt S, Lissner C, Unger P, Bäumlner W, Berneburg M, Karrer S. Biological effects of a new ultraviolet A1 prototype based on light emitting diodes on the treatment of localized scleroderma. Experimental Dermatology. 2020; 29; 1199-1208.</p> <p>27. Whitton M, Ashcroft D, González U. Therapeutic interventions for vitiligo. Journal of the American Academy of Dermatology. 2008; 59; 713-717.</p> <p>28. Taieb A, Alomar A, Böhm M, Dell'Anna M, De Pase A, et al. Guidelines for the management of vitiligo: the European Dermatology Forum consensus. British Journal of Dermatology. 2013; 168; 5-19.</p> <p>29. Lapolla W, Yentzer B, Bagel J, Halvorson C, Feldman S. A review of phototherapy protocols for psoriasis treatment. Journal of the American Academy of Dermatology. 2011; 64; 936-949.</p> <p>30. Reynolds N, Franklin V, GrayJ, Diffey B, Farr P. Narrow-band ultraviolet B and broad-band ultraviolet A phototherapy in adult atopic eczema: a randomized controlled trial. The Lancet. 2001; 357; 2012-2016.</p>
		8.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There are peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		

Section Name	Version/ Release Number	Section Number	Procedure Code	Summary of change	Will this change impact the current clinical decision- making?	If yes, both or unsure to prior Column, will it impact more than 1 case per week?	Provide citable, peer-reviewed/society references for all changes, except for editorial changes (i.e. formatting, wordsmithing, restructuring changes that don't impact clinical content)
		References		Removal of 45 references. Update of previous clinical practice guidelines referenced to new versions for 2020, 2021, 2022 as available. Elimination of clinical trial and cohort research per above reason for removal of Appendix, except for some limited RCT research for skin treatment modalities that don't have higher level research yet. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 16 updated references. All bibliography at the very end of the publication.	No		
PTOT-9.0 Pediatric Neurodevelopmental Disorders			N/A PTOT review not code based				
		9.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		
		9.2 Clinical Considerations		Pediatric Neurodevelopmental considerations relocated to subheading under PTOT-2.0, will become PTOT 2.5: Pediatric Neurodevelopmental Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.	No		74. Dannemiller L, Mueller M, Leitner A et al. Physical therapy management of children with developmental coordination disorder: An evidence-based clinical practice guideline from the Academy of Pediatric Physical Therapy of the American Physical Therapy Association. <i>Pediatr Phys Ther</i> 2020;32:278-313. 75. Cahill SM, Beisbeir S. Practice Guidelines—Occupational therapy practice guidelines for children and youth ages 5–21 years. <i>American Journal of Occupational Therapy</i> . 2020; 74, 7404397010. 76. Frolok CG, Kingsley KL. Practice Guidelines—Occupational therapy practice guidelines for early childhood: Birth–5 years. <i>American Journal of Occupational Therapy</i> . 2020; 74, 7403397010. 77. van Bommel EEH, Arts MME, Jongerius PH et al. Physical therapy treatment in children with cerebral palsy after single-event multilevel surgery: A qualitative systematic review. <i>Therapeutic Advances in Chronic Disease</i> 2019;10:1-14. DOI: 10.1177/2040622319854241. 78. Jackman M, Sakzowski L, Morgan C et al. Interventions to improve physical function for children and young people with cerebral palsy: international clinical practice guideline. <i>Developmental Medicine & Child Neurology</i> 2021; 1-14. DOI: 10.1111/dmcn.15055. 79. Morgan C, Fetters L, Adde L et al. Early intervention for children aged 0 to 2 years with or at high risk of cerebral palsy: International clinical practice guideline based on systematic reviews. <i>JAMA Pediatrics</i> . 2021;175(8):846-858. doi:10.1001/jamapediatrics.2021.0878. 80. Novak I, Honan I. Effectiveness of paediatric occupational therapy for children with disabilities: A systematic review. <i>Australian Occupational Therapy Journal</i> . 2019;66: 258-273. DOI: 10.1111/1440-1630.12573.
		9.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There is a plethora of peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		
		References		Removal of 111 references. Update of previous clinical practice guidelines referenced to new versions for 2020, 2021, 2022 as available. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 7 updated references only. All bibliography at the very end of the publication.	No		
PTOT-10.0 Pediatric Feeding Disorder			N/A PTOT review not code based				
		10.1 Additional Criteria to Establish Medical Necessity		Eliminated as all criteria was combined into section 1.2	No		

Section Name	Version/Release Number	Section Number	Procedure Code	Summary of change	Will this change impact the current clinical decision-making?	If yes, both or unsure to prior Column, will it impact more than 1 case per week?	Provide citable, peer-reviewed/society references for all changes, except for editorial changes (i.e. formatting, wordsmithing, restructuring changes that don't impact clinical content)
		10.2 Clinical Considerations		<p>Pediatric Feeding considerations relocated to subheading under PTOT-2.0, will become PTOT 2.7: Swallowing and Feeding Considerations. Added summary of clinical expectations and high-level general recommendations of usual care and any specifics to appropriate response to care as defined by peer-reviewed clinical practice guidelines and systematic reviews. Eliminated specific treatment based literature review as we don't approve/deny for specific individual procedures or techniques.</p> <p>Updated wording to allow consideration of any age of individual and not just pediatric</p>	No		<p>74. Dannemiller L, Mueller M, Leitner A et al. Physical therapy management of children with developmental coordination disorder: An evidence-based clinical practice guideline from the Academy of Pediatric Physical Therapy of the American Physical Therapy Association. <i>Pediatr Phys Ther</i> 2020;32:278-313.</p> <p>75. Cahill SM, Beisbeir S. Practice Guidelines—Occupational therapy practice guidelines for children and youth ages 5–21 years. <i>American Journal of Occupational Therapy</i>. 2020; 74, 7404397010.</p> <p>79. Morgan C, Fetters L, Adde L et al. Early intervention for children aged 0 to 2 years with or at high risk of cerebral palsy: International clinical practice guideline based on systematic reviews. <i>JAMA Pediatrics</i>. 2021;175(8):846-858. doi:10.1001/jamapediatrics.2021.0878.</p> <p>87. Chen D, Yang Z, Chen C, Wang P. Effect of oral motor intervention on oral feeding in preterm infants: A systematic review and meta-analysis. <i>American Journal of Speech-Language Pathology</i>. 2021 Sep 23;30(5):2318-28.</p> <p>88. Rodriguez Gonzalez P, Perez-Cabezas V, Chamorro-Moriana G, Ruiz Molinero C, Vazquez-Casares AM, Gonzalez-Medina G. Effectiveness of Oral Sensory-Motor Stimulation in Premature Infants in the Neonatal Intensive Care Unit (NICU) Systematic Review. <i>Children</i>. 2021; 8(9):758. https://doi.org/10.3390/children8090758.</p> <p>89. Gronski M, Doherty M. Interventions within the scope of occupational therapy practice to improve activities of daily living, rest, and sleep for children ages 0–5 years and their families: A systematic review. <i>American Journal of Occupational Therapy</i>. 2020 Mar 1;74(2):7402180010p1-33.</p> <p>90. Calk P. Best Practices for Oral Motor Stimulation to Improve Oral Feeding in Preterm Infants: A Systematic Review. <i>Ann Physiother Occup Ther</i> 2019, 2(4): 000143.</p> <p>91. Chiang CF, Lin MT, Hsiao MY, Yeh YC, Liang YC, Wang TG. Comparative efficacy of noninvasive neurostimulation therapies for acute and subacute poststroke dysphagia: a systematic review and network meta-analysis. <i>Archives of physical medicine and rehabilitation</i>. 2019 Apr 1;100(4):739-50.</p> <p>92. Clark GF, Kingsley KL. Occupational therapy practice guidelines for early childhood: Birth–5 years. <i>American Journal of Occupational Therapy</i>. 2020 May 1;74(3):7403397010p1-42.</p> <p>93. Malzacher A, Slocum S, Ausderau K. Dietary Intake Outcomes of Feeding Interventions for Children With Autism Spectrum Disorder (ASD)—A Systematic Review. <i>American Journal of Occupational Therapy</i>. 2020 Aug 1;74(4_Supplement_1):7411515342p1-.</p> <p>94. Diaz J, Cosbey J. Supporting Parents' Occupations: A Systematic Review of Feeding Interventions for Children With Autism Spectrum Disorder. <i>American Journal of Occupational</i></p>
		10.3 Appendix		Appendix removed as they are primarily non-systematic treatment literature reviews and we don't review for medical necessity based on each specific treatment. There is a plethora of peer-reviewed practice guidelines, systematic reviews and meta-analyses applicable that can already be referred to.	No		
		References		Removal/update of 43 references. Update of previous clinical practice guidelines referenced to new versions for 2020, 2021, 2022 as available. Elimination of clinical trial and cohort research per above reason for removal of Appendix. Removal of outdated, repeated or incomplete citations. Based on the method of review, published CPGs and systematic reviews contain recommendations that are more applicable. New section supported by 11 updated references. All bibliography at the very end of the publication.	No		