



May 21, 2026

National Correct Coding Initiative Contractor

Submitted electronically: NCCIPTPMUE@cms.hhs.gov

contactus@j29inc.com

RE: Request for Deletion of NCCI PTP Edit

Dear Sir or Madame:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) would like to request deletion of the NCCI PTP edits associated with the following code pairs:

- 97597 and 29580
- 97597 and 29581
- 97597 with 29445
- 95992 with 97112
- 97150 with 97110, 97112, 97113, 97116, 97140, 97530, 97533, 97535, 97537.
97542, 97760, 97763

As it relates to the edits associated with 97597 please see the information below.

The Society for Vascular Surgery Clinical Practice Guidelines recommend debridement and compression therapy for patients with venous leg ulcers.

Guideline 4.2:

We recommend that venous leg ulcers receive thorough debridement at their initial evaluation to remove obvious necrotic tissue, excessive bacterial burden, and cellular burden of dead and senescent cells. [GRADE - 1; LEVEL OF EVIDENCE - B] We suggest that additional maintenance debridement be performed to maintain the appearance and readiness of the wound bed for healing. [GRADE - 2; LEVEL OF EVIDENCE - B] We suggest that the health care provider choose from

a number of debridement methods, including sharp, enzymatic, mechanical, biologic, and autolytic. More than one debridement method may be appropriate. [GRADE - 2; LEVEL OF EVIDENCE - B]

Guideline 5.1

In a patient with a venous leg ulcer, we recommend compression therapy over no compression therapy to increase venous leg ulcer healing rate. [GRADE - 1; LEVEL OF EVIDENCE - A]

Guideline 5.2

In a patient with a healed venous leg ulcer, we suggest compression therapy to decrease the risk of ulcer recurrence. [GRADE - 2; LEVEL OF EVIDENCE - B]

Guideline 5.3

We suggest the use of multicomponent compression bandage over single-component bandages for the treatment of venous leg ulcers. [GRADE - 2; LEVEL OF EVIDENCE - B]

The Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine clinical practice guideline for the management of the diabetic foot indicates the following:

Débridement of diabetic foot wounds

Recommendation 3

We recommend sharp débridement of all devitalized tissue and surrounding callus material from diabetic foot ulcerations at 1- to 4-week intervals (Grade 1B).

Off-loading DFUs

Recommendation 1

In patients with plantar DFU, we recommend off-loading with a total contact cast (TCC) or irremovable fixed ankle walking boot (Grade 1B).

The current NCCI PTP edits prevent providers from reporting and receiving payment for the very interventions that represent the best clinical practice for these patients. While these code pairs have a modifier indicator of 1 there is no modifier that can be used to support the reporting of these codes together. The codes are not timed, the same provider is performing the two procedures, and the two procedures are being performed at the same anatomical site.

While APTA recognizes the need for NCCI PTP edits, the edits should not prevent the reporting of clinically indicated procedures with no overlapping components.

Although CPT code 97597 includes the application of a dressing, it does not include the application of an Unna Boot, multilayer compression system bandage, or a total contact cast. The physician or other qualified healthcare professional spends time performing debridement and applying a dressing. The physician or QHP then spends time applying the Unna Boot, the multilayer compression system bandage, or the total contact cast. None of this time is overlapping. Additionally, 97597 does not include an Unna Boot, a multilayer compression bandage system, or total contact cast supplies in the list of supplies. For these reasons APTA respectfully requests that the NCCI PTP Edit for code pairs 97597/29580, 97597/29581, and 97597/29445 be deleted.

As it relates to the edit associated with 95992 and 97112 please see below

CPT code 95992 specifically describes the performance of the Epley maneuver for a single involved canal only. This is a maneuver performed by the physician or QHP on the patient for the purpose of repositioning the canolith in the involved canal. This may be an effective intervention for some patients. However, patients with BPPV, particularly older patients often demonstrate impaired static and dynamic balance ability. Clinically, in addition to a canalith repositioning maneuver, these patients also require balance retraining. CPT code 97112 represents neuromuscular re-education which includes balance retraining. CPT code 95992 does not include any balance retraining so in order to meet the needs of the population with balance impairment and at risk for falls both 95992 and 97112 must be reported in the same treatment session.

The edit associated with 95992 and 97112 prevents effective treatment for a patient with BPPV and balance impairment. Again, although the modifier indicator is 1 there is no modifier that can be used to bypass this edit.

As it relates to 97150 please see below.

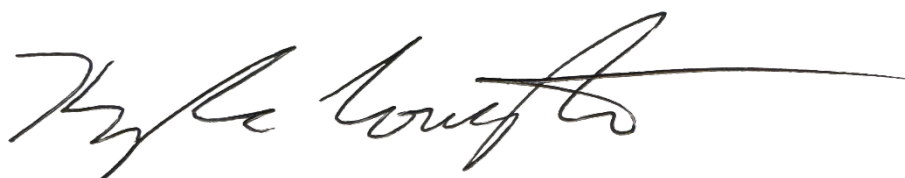
The edits associated with the codes identified above create a situation where a modifier is required to support the standard of care. With very few exceptions group therapy is not the sole intervention provided during a session. Group therapy is used as an adjunctive intervention to all of the other interventions associated with the codes for which the edits exist. Since the need for a modifier is supposed to represent an unusual occurrence or, at the very least, a less frequent occurrence. Requiring a modifier every time a provider incorporates group therapy into the plan of care is an unnecessary and clinically inappropriate burden.

As experts in rehabilitation, prehabilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span, helping individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

APTA is confident that these changes will limit the administrative and financial burden on physicians and other qualified healthcare professionals while supporting the effective and efficient treatment of a patient's condition.

APTA thanks the NCCI PTP Edit contractor for the consideration of deletion of these edits. If you need additional information, please contact Alice Bell, Senior Specialist, Health Policy and Payment, at alicebell@apta.org or 703-706-3180.

Sincerely,

A handwritten signature in black ink, which appears to read "Kyle Covington". The signature is fluid and cursive, with a long horizontal line extending from the end.

Kyle Covington PT, DPT, PhD

President, American Physical Therapy Association