

Foot Surgeries

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Foot Surgeries.

Description & Definitions:

Foot Surgeries are surgical procedures performed on the foot as treatment for foot conditions after failed medical management.

Criteria:

Foot surgeries are considered medically necessary for **1 or more** of the following:

- **Bunionectomy** with **All** of the following:
 - Symptomatic bunion (hallux valgus or bunionette ("tailor's bunion")) as indicated by **1 or more** of the following:
 - Ulceration at first metatarsophalangeal joint
 - Difficulty walking because of pain at first metatarsophalangeal joint
 - Inability to accommodate or modify footwear to control pain
 - Avulsion fracture of proximal phalanx
 - Malunion or nonunion of prior surgery
 - Non-operative therapy (e.g., shoe modification, bunion shield, splinting) has been tried and failed
- **First Metatarsophalangeal (MTP) joint arthroplasty** using silastic implants with **All** of the following:
 - End stage hallux rigidus
 - Arthrodesis (gold standard) is not feasible

Foot surgeries are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Interpositional arthroplasty of the first metatarsophalangeal (MTP) joint with **any of the following**:
 - Biologic spacers (eg. InterPhlex interdigital implant)

- Regenerative tissue matrix (e.g., Graftjacket)
- Total or hemi prosthesis or implant (e.g., the Moje implant ceramic prosthesis, AnaToemic Phalangeal hemi-prosthesis, Arthrex MTP joint implant, METIS prosthesis, OsteoMed ReFlexion 1st MTP implant system, ToeFit-plus Prosthesis, Cartiva, etc.)
- Bioabsorbable poly-L-D-Lactic acid Regjoint implant
- Fascia lata allograft implant
- Replacement of tarsal metatarsal (TMT) joint
- Subtalar arthroereisis

Coding:

Medically necessary with criteria:

Coding	Description
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method

Considered Not Medically Necessary:

Coding	Description
28899	Unlisted procedure, foot or toes (If used for Interpositional arthroplasty of the first metatarsophalangeal (MTP) joint)
29799	Unlisted procedure, casting or strapping
0335T	Insertion of sinus tarsi implant
0510T	Removal of sinus tarsi implant
0511T	Removal and reinsertion of sinus tarsi implant
S2117	Arthroereisis, subtalar

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2021: January, August
- 2020: August
- 2015: June
- 2014: June
- 2013: June
- 2010: August
- 2009: June
- 2007: July (taken out of archive), October

- 2003: November-Archived
- 2002: October

Reviewed Dates:

- 2024: January
- 2023: January
- 2022: January
- 2018: September
- 2017: November
- 2016: June
- 2012: August
- 2011: August
- 2007: August, September
- 2000: September

Effective Date:

- March 1992

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Dec 2023, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2023). Retrieved Dec 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=foot%20surgery&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

Clinical Diagnosis and Treatment of Forefoot: Digital Deformities. (2023). Retrieved Dec 2023, from THE JOURNAL OF FOOT & ANKLE SURGERY: https://www.acfas.org/ACFAS/media/ACFAS_Media/Diagnosis_and_TreatmentofForefootDisorders.pdf

Practitioner Manual: Covered Services and Limitations. (2023). Retrieved Dec 2023, from DMAS: https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0

Small Joint Surgery 2023-11-05. (n.d.). Retrieved Dec 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/small-joint-surgery-2023-11-05/>

TenoTac Soft Tissue Fixation System (Paragon 28, Inc.) for Hammertoe Repair and Bunionectomy. (2023). Retrieved Dec 2023, from Hayes: <https://evidence.hayesinc.com/report/earb.tenotac5591>

Treatment of Osteochondral Lesions of the Talus (OLT). (2023). Retrieved Dec 2023, from American Orthopaedic Foot & Ankle Society: <https://www.aofas.org/research-policy/position-statements-clinical-guidelines>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered

under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Foot, podiatry, podiatrist, podiatric, bunion, bunionectomy, toe, foot care, surgical removal bunion, metatarsophalangeal joint, SHP Foot Surgeries, SHP Surgical 52, Bunion Correction Surgery, First Metatarsophalangeal (MTP) Joint arthroplasty, subtalar arthroereisis (SA)