

## Foot Surgeries

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### 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](https://www.acfas.org/ACFAS/media/ACFAS_Media/Diagnosis_and_TreatmentofForefootDisorders.pdf)

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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/>

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## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

#### 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)