

## Hand and Foot Surgeries, Surgical 52

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Coverage Policy Surgical 52  
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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.\*.**

### Description & Definitions:

Surgical procedures performed on the hand and foot as treatment for 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
- Metacarpophalangeal (MCP) or proximal interphalangeal (PIP) joint implants with **all of the following**:
  - Individual remains symptomatic despite conservative medical management with **one or more** of the following diagnoses:
    - Symptomatic rheumatoid arthritis
    - Systemic lupus erythematosus
    - Osteoarthritis
    - Post-traumatic arthritis
  - Digit deformity does not allow for proper hand function and interferes with activities of daily living
  - Hand joint surgery is for **one or more** of the following:

- MCP joint implants (Ascension or Integra PyroCarbon ) for Total Joint of the index, long, ring, and small finger when reconstruction of the soft tissue can provide adequate stabilization
- Individual expects to use hands under a high-load situation postoperatively and **one or more** of the following:
  - PIP joint implants (Ascension ) when soft tissue and bone can provide adequate stabilization and fixation
  - MCP and PIP joint implants (Avanta ) when soft tissue and bone can provide adequate stabilization and fixation
- Silicone-elastomer MCP and PIP total joint implants.

Hand and Foot surgeries are **Not Medically Necessary** for **ANY** of the following as current role remains uncertain based on review of existing evidence:

- PIP joint arthroplasty with CapFlex-PIP implant
- Carpometacarpal (CMC) joint implants
- Distal interphalangeal (DIP) joint implants/splints, to include In2Bones Duafit interphalangeal implant and the X-Fuse Implant
- 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
- Resurfacing arthroplasty of the PIP joint
- PIP joint arthroplasty with the Tactys prosthesis
- Subtalar arthroereisis
- Trapeziometacarpal (TMC) joint implants

## Document History:

### Revised Dates:

- 2025: February – Added codes and criteria for hand surgery. Updated to new format.
- 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

### Coding:

#### Medically necessary with criteria:

Coding	Description
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
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
L8630	Metacarpophalangeal joint implant
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)
L8642	Hallux implant
L8658	Interphalangeal joint spacer, silicone or equal, each
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size

#### 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

L8641	Metatarsal joint implant
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U.S. Food and Drug Administration (FDA) - approved only products only.

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.*

#### Special Notes: \*

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - 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.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

#### References:

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

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### **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), hand surgery, Interphalangeal, Metacarpophalangeal, finger joint