Bunionette Surgical Treatments - Single Service

Clinical Guidelines for Medical Necessity Review

Version: 1
Effective Date: April 12, 2024

Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System
Guideline Name: Bunionette Surgical Treatments (Single Service)

Literature review current through: 4/12/2024
Document last updated: 4/12/2024
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Bunionette Surgical Treatments

General Guidelines

- **Units, Frequency, & Duration:** None
- **Criteria for Subsequent Requests:** None
- **Recommended Clinical Approach:** Bunionette is a deformity of the fifth metatarsal bone at the base of the little toe where it meets the metatarsal head.[1] Bunionette is usually caused by constraining footwear. Women are more likely to develop this deformity.[2] It is sometimes referred to as a "tailor's bunion".[3] There is a prominence of the fifth metatarsal head projecting laterally. Although the occurrence is not as common as bunions, they are similar in symptoms and causes. Initial treatment may include shoewear modification, padding, or shaving of the callus. Surgical treatment may include resection of the lateral aspect of the fifth metatarsal head or an osteotomy.
- **Exclusions:** None

Medical Necessity Criteria

Indications

➔ **Bunionette surgery** is considered appropriate if **ALL** of the following are **TRUE**[1-5]:

- ◆ The patient has **ANY** of the following positive findings:
  - Pain and swelling at the site of the lateral prominence of the fifth metatarsal head; **OR**
  - Callus formation laterally; **AND**
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment for at least 3 months with **ANY** of the following[3]:
  - Shoe modifications; **OR**
  - Orthotics; **OR**
  - Protective cushions/pads; **OR**
  - Oral steroids, topical or oral anti-inflammatory medications, or oral analgesics; **OR**

- Shaving the callus on the outer side of the fifth metatarsal; **AND**

◆ Radiographic confirmation of **ANY** of the following[2]:
- Bony prominence of the 5th metatarsal head; **OR**
- 4th/5th IM angle greater than 9 degrees; **OR**
- 5th MTP angle greater than 15 degrees.

Non-Indications

➔ **Ostectomy** is not considered appropriate if **ANY** of the following is **TRUE**:
◆ Inadequate blood supply that could prevent healing; **OR**
◆ The patient has not reached skeletal maturity; **OR**
◆ Presence of active infection, untreated infection at the surgical site (may be necessary for a DM ulcer correction).

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each

Medical Evidence

Thomas et al. (2009) developed a Clinical Practice Guideline for the American College of Foot and Ankle Surgeons for diagnosis and treatment of forefoot disorders: digital deformities. The guideline consists of multiple pathways which include digital deformities, central metatarsalgia, Morton's neuroma, tailor's bunion and trauma. They state that trauma may be an etiology of digital deformity; however, congenital or acquired deformities are more common. Examinations are generally performed sitting or standing, and gait analysis is stated to be beneficial. Regarding clinical maneuvers, the push-up test is effective at determining whether the deformity can be reduced. The metaphalangeal joint drawer test assists in confirming sagittal and transverse instability and potential for plantar plate pathology.[5]

In a 2019 systematic review, Cooper, Granadillo and Coughlin state that the literature is limited regarding the success of nonsurgical treatment of bunionettes that are symptomatic. These treatments include shoe wear modification and padding. Corticosteroid injections were shown in studies to have positive effects for up to two years. From a surgical perspective, the group stated that metatarsal head resection is typically resolved for unhealthy patients as poor outcomes such as transfer metatarsalgia, and painful fifth toe deformity have been reported. Type I bunionette deformities are often successfully corrected with distal chevron osteotomy or subcapital oblique osteotomy. Minimally invasive surgical techniques are increasing in popularity in recent years with positive study outcomes.[4]

Michels and colleagues (2021) conducted a survey study of 50 orthopedic surgeons with specific experience in percutaneous bunionette correction. A 92% response rate was obtained, and condylectomy was found to be rarely used while percutaneous oblique osteotomy was performed in almost all procedures. 95.7% were single osteotomies, 66.2-72.7% were complete, and 73.9% were performed with a Shannon long burr. 63.0% of respondents confirmed that the location of the osteotomy was dependent upon the deformity. It was concluded that there is some consensus in the surgical technique to be used and in the perioperative protocol.[3]

References

1. Murphy GA. Lesser toe abnormalities. In: Azar, F, Beaty JH. Campbell's Operative Orthopaedics. 14th ed. Elsevier; 2021:4227-4283.e3.
2. American College of Foot and Ankle Surgeons (ACFAS). Tailor's Bunion (Bunionette). Published 2020. https://www.acfas.org/footankleinfo/tailors-bunion.htm.
3. Michels F, Demeulenaere B, Cordier G. Consensus in percutaneous bunionette correction. *Orthop Traumatol Surg Res.* 2021;107:6. https://doi.org/10.1016/j.otsr.2020.03.029.
4. Cooper M, Granadillo V, Coughlin M. The bunionette deformity—evaluation and management. *Ann Jt*. 2020;5:7-7. doi:10.21037/aoj.2019.10.03
5. Thomas JL, Blitch EL, Diagnosis and treatment of forefoot disorders. Section 1: digital deformities. *J Foot Ankle Surg*. 2009;48(3): 418.e1-418.e4189.

Clinical Guideline Revision History/Information

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Review History	