Hallux Valgus, Hallux Rigidus, Bunionette

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)
Care Path Group: Foot
Care Path Name: Hallux Valgus, Hallux Rigidus, Bunionette
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Care Path Clinical Discussion

Hallux Rigidus is the most common arthritic disease of the foot. It involves arthritic degeneration of the metatarsophalangeal (MTP) joint of the great toe. The condition typically develops in adults between 30-60 years old.[1] Most patients complain of pain in the MTP joint of the great toe and associated loss of motion. Bone spurs can develop around the joint (mainly dorsally) in addition to a loss of the articular surface cartilage. Patients may obtain symptomatic relief by using anti-inflammatory/topical medications, intra-articular injections and modifications to shoewear, but arthritis typically progresses over time. Surgical treatment involves procedures that maintain the joint space by removing bone spurs or fusing the MTP joint. Options for surgical treatment vary based on arthritis severity and the degree of loss of motion.

Hallux Valgus, or bunion, is a complex deformity of the first ray that develops on the inside of the foot at the great toe metatarsophalangeal joint. It involves valgus deviation of the proximal phalanx in combination with varus position of the first metatarsal. The metatarsal head deviates medially, resulting in the bony prominence often referred to as the bunion. The sesamoid complex rotates laterally. Hallux valgus develops over time and gets progressively worse without treatment. Initial treatment involves shoewear modifications with toe spacers or splints. Surgical treatment can involve soft tissue procedures, osteotomies, or fusion.

Bunionnette is a deformity of the fifth metatarsal bone at the base of the little toe where it meets the metatarsal head.[2] It is sometimes referred to as a "tailor's bunion." There is a prominence of the fifth metatarsal head projecting laterally. A painful lateral bunion or callus may develop. 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.

The information contained herein gives a general overview of the pathway of this specific diagnosis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that the care of patients can be complex. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, history, etc.) should be considered.

Key Information

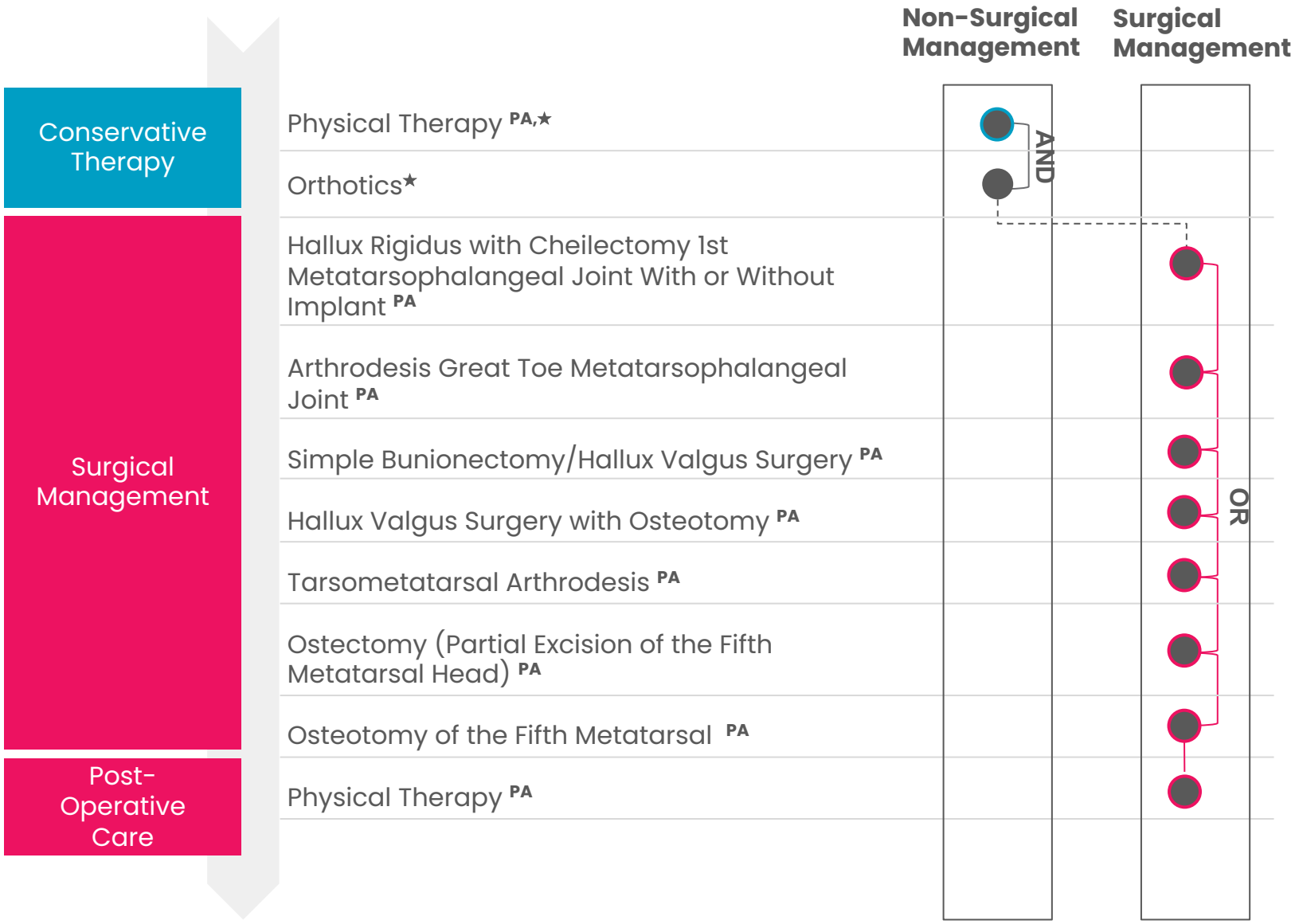
- ➢ Hallux rigidus
  - It affects 2.5% of people over age 50.[3]
  - Physicians may use physical exam findings and radiographic findings to diagnose and grade the extent of the degenerative disease.[2]
  - Cheilectomy, a joint-preserving surgical treatment, is usually performed for mild to moderate hallux rigidus.[4] Arthrodesis (joint fusion) is the typical treatment for more advanced cases of hallux rigidus.[5]
- ➢ Hallux valgus
  - This is the most common foot deformity.[6]
  - There is a high prevalence of hallux valgus in the overall population (23% of adults aged 18-65 years and 35.7% of adults over 65 years of age).[2]
  - This deformity is most common in women.
  - There is a positive family history in 70% of cases.
  - Often presents as difficulty with shoewear due to the medial prominence of the metatarsal head.
- ➢ Bunionettes
  - They commonly occur in adolescents and adults.
  - Women are more likely to develop a bunionette.[6]
  - They may develop from tight shoes, congenital deformities, or arthropathies (joint diseases).

Definitions

- **Metatarsals** - five long bones in the foot that connect the midfoot to the toes and provide balance and stability.
- **Metatarsophalangeal (MTP) joints** - joints between the heads of the metatarsal bones of the foot and the proximal phalanges of the toes.
- **Proximal phalanx** - the longest bones in the toe. These are connected to the metatarsals and form the base of the toe.
- **Sesamoids** - two tiny bones underneath the first metatarsal, embedded in the flexor hallucis brevis (FHB) tendons.

Hallux Valgus, Hallux Rigidus, Bunionette

What is a "Cohere Care Path"?
These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



Key

PA = Service may require prior authorization
★ = Denotes preferred service
AND = Services completed concurrently
OR = Services generally mutually exclusive

= Non-surgical management prior authorization group of services
= Surgical management prior authorization group of services
= Subsequent service
= Management path moves to a different management path

Care Path Diagnostic Criteria

Disease Classification

Hallux Rigidus; Bunion; Bunionette

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M20.1	Hallux valgus (acquired)
M20.10	Hallux valgus (acquired), unspecified foot
M20.11	Hallux valgus (acquired), right foot
M20.12	Hallux valgus (acquired), left foot
M20.2	Hallux rigidus
M20.20	Hallux rigidus, unspecified foot
M20.21	Hallux rigidus, right foot
M20.22	Hallux rigidus, left foot
M21.61	Bunion
M21.611	Bunion of right foot
M21.612	Bunion of left foot
M21.619	Bunion of unspecified foot
M20.6	Acquired deformities of toe(s), unspecified
M20.60	Acquired deformities of toe(s), unspecified, unspecified foot
M20.61	Acquired deformities of toe(s), unspecified, right foot
M20.62	Acquired deformities of toe(s), unspecified, left foot
M21.62	Bunionette
M21.621	Bunionette of right foot
M21.622	Bunionette of left foot
M21.629	Bunionette of unspecified foot

M25.570	Pain in ankle and joints of foot
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M79.670	Pain in foot
M79.671	Pain in right foot
M79.672	Pain in left foot

Presentation and Etiology

Causes and Risk Factors

Hallux Rigidus

The most common cause of hallux rigidus is arthritis.[7] Trauma may also be a contributing factor. Other associated factors include[8]:

- Hallux valgus interphalangeus
- Female gender
- Inflammatory and metabolic conditions

Hallux Valgus

Some people inherit a foot structure that is more likely to develop bunions. Other causes may be wearing poorly fitting shoes or having an inflammatory condition.[5]

Bunionette

Bunionette is usually caused by constraining footwear. Women are more likely to develop this deformity.[3]

Clinical Presentation and Physical Findings

Hallux Rigidus

- Pain on the top of the first MTP joint
- Swelling and stiffness around the first toe metatarsophalangeal (MTP) joint.[9]
- Limited motion in the sagittal plane of the first MTP joint.[7]
- Limited dorsiflexion of the first MTP joint

Hallux Valgus

- Pain at the first metatarsophalangeal (MTP) joint
- May have limited range of motion (ROM) at the first MTP joint
- Swelling of the first MTP joint
- Difficulty walking due to pain at the MTP joints
- Lateral deviation of the great toe
- Non-healing ulceration caused by the bunion

Bunionette

- Pain and swelling at the site of the lateral prominence of the fifth metatarsal head.
- Callus formation laterally

Typical Diagnostic Findings

Hallux Rigidus

Radiographs can help diagnose and determine the severity of hallux rigidus.[8] Dorsal osteophytes and joint space narrowing of the first MTP joint are typical radiographic findings.

Hallux Valgus

Physical examination and weight-bearing radiographs can help determine the severity of the hallux valgus deformity. Radiographs demonstrating greater than 15° of angulation at the MTP joint are diagnostic of hallux valgus. A measurement of greater than 9° of the 1/2 intermetatarsal angle (the angle between the first and second metatarsals) is diagnostic of metatarsus primus varus. Physicians may also note lateral displacement of the sesamoids.

Bunionette

Physicians may diagnose a bunionette during the physical examination.[1] Radiographs may be used to determine the cause and extent of the deformity. In some cases, there is an increased intermetatarsal angle between the fourth and fifth metatarsal head or an increased size of the fifth metatarsal head.

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence to support specific recommendations regarding timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests[10]:** The patient should be progressing towards goals in the physical therapy plan but should not have fully obtained all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**[11]:

- ◆ The patient has foot pain.
- ◆ The patient has toe pain.
- ◆ There is limited foot motion.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction

97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care,

	high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and

	fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes

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97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge

423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Surgical Management

Service: Hallux Rigidus with Cheilectomy 1st Metatarsophalangeal Joint

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Cheilectomy, a joint-preserving surgical treatment, is usually performed for mild to moderate hallux rigidus.[12] This procedure involves removing bone spurs around the first toe MTP joint and debridement of the arthritic joint.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Hallux rigidus with cheilectomy 1st metatarsophalangeal joint** is considered appropriate if **ALL** of the following are **TRUE:**

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient fails to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following:
  - Shoe modifications
  - Bunion shield
  - Splinting
  - Orthotics
  - Activity adjustments
  - Analgesic and anti-inflammatory medications
  - Callus shaving
- ◆ Radiographic findings show mild to moderate arthritis.
- ◆ Dorsiflexion between 10° and 60° or between 10-75% loss compared with the normal side[8]

Non-Indications

➔ **Hallux rigidus with cheilectomy 1st metatarsophalangeal joint** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Advanced arthritis
- ◆ Allergy to implant material

- Inadequate blood supply
- Presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28289	Correction of rigid deformity of first joint of big toe
28291	Correction of rigid deformity of first joint of big toe using implant
L8641	Metatarsal joint implant

Service: Arthrodesis Great Toe Metatarsophalangeal Joint

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Arthrodesis of the first MTP joint may treat advanced stages of hallux rigidus and arthritis of the first toe MTP joint. Arthrodesis is the most popular surgical treatment in advanced cases of hallux rigidus. Rates of fusion are approximately 93-98%.[13]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Arthrodesis of great toe metatarsophalangeal joint** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following:
  - Shoe modifications
  - Bunion shield
  - Splinting
  - Orthotics
  - Activity adjustments
  - Analgesic and anti-inflammatory medications
  - Callus shaving
- ◆ Dorsiflexion shows less than or equal to 10° or 75-100% loss compared with the normal side.[8]
- ◆ Radiographic findings show advanced stages of arthritis.

Non-Indications

➔ **Arthrodesis of great toe metatarsophalangeal joint** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Inadequate blood supply
- ◆ Presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28750	Fusion of great toe at the joint with the foot

Service: Simple Bunionectomy/Hallux Valgus Surgery

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Bunionectomy may be used to correct a hallux valgus deformity if nonsurgical management does not alleviate pain. This procedure is appropriate for all patients with milder deformities.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Bunionectomy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following[14]:
  - Shoe modifications
  - Bunion shield
  - Splinting
  - Orthotics
  - Activity adjustments
  - Analgesic and anti-inflammatory medications
  - Callus shaving
- ◆ Weight-bearing radiography confirms **ALL** of the following:
  - Greater than 15° of valgus at the MTP joint
  - 1/2 intermetatarsal angle greater than 9°
  - No degenerative changes to the MTP joint

Non-Indications

➔ **Bunionectomy** may not be considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Inadequate blood supply
- ◆ Presence of active infection
- ◆ Severe deformity or arthritis

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28292	Correction of bunion with removal of the base of the great toe
28295	Correction of bunion, with alignment correction of midfoot bone (metatarsal) towards the ankle area
28296	Correction of bunion, with alignment correction of midfoot bone (metatarsal) towards toe area
28297	Correction of bunion, with fusion of the midfoot (metatarsal) bone and the hindfoot bone (tarsal)
28298	Correction of bunion, with alignment correction of the great toe
28299	Correction of bunion, with two areas of realignment
28310	Incision to straighten big toe bone at the first toe bone level

Service: Hallux Valgus Surgery with Osteotomy

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Hallux valgus surgery with osteotomy may be used to treat more advanced hallux valgus deformities. Multiple surgical techniques have been described for the treatment of this condition.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Osteotomy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following[15]:
  - Shoe modifications
  - Bunion shield
  - Splinting
  - Orthotics
  - Activity adjustments
  - Analgesic and anti-inflammatory medications
  - Callus shaving
- ◆ Weight-bearing radiographs confirm an intermetatarsal angle (IMA) greater than 9° and a hallux valgus angle (HVA) greater than 20°.

Non-Indications

➔ **Osteotomy** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ The patient has not reached skeletal maturity.
- ◆ Inadequate blood supply
- ◆ Presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28310	Incision to straighten big toe bone at the first toe bone level
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft
28240	Incision to release foot muscle tendon

Service: Tarsometatarsal Arthrodesis

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Tarsometatarsal arthrodesis may be used to treat more advanced hallux valgus deformities when hypermobility of the TMT joint is present.[16]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Tarsometatarsal arthrodesis** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
  - The patient may have hypermobility of the 1st TMT joint documented, in addition to the findings above.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following[17]:
  - Shoe modifications
  - Bunion shield
  - Splinting
  - Orthotics
  - Activity adjustments
  - Analgesic and anti-inflammatory medications
  - Callus shaving
- ◆ Weight-bearing radiographs confirm an intermetatarsal angle (IMA) greater than 15° and a hallux valgus angle (HVA) greater than 30 °.

Non-Indications

➔ **Tarsometatarsal arthrodesis** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ The patient has not reached skeletal maturity.
- ◆ Inadequate blood supply

- The presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28297	Lapidus type bunionectomy
28740	Fusion of foot in the midfoot region
28735	Fusion of multiple foot joints

Service: Ostectomy (Partial Excision of the Fifth Metatarsal Head)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[17]:** An ostectomy of the fifth metatarsal may be an appropriate treatment for a bunionette deformity with an enlarged fifth metatarsal head.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Ostectomy** is considered appropriate if **ALL** of the following are **TRUE**[17]:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following:
  - Shoe modifications
  - Shaving the callus on the outer side of the fifth metatarsal
  - Using an orthotic device
  - Anti-inflammatory medications
- ◆ The patient has a radiographic finding of a presence of a bony prominence of the fifth metatarsal head.

Non-Indications

➔ **Ostectomy** is not considered appropriate if **ANY** of the following is **TRUE**[17]:

- ◆ Inadequate blood supply
- ◆ Presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition

28110	Removal of bunion at fifth toe joint

Service: Osteotomy of the Fifth Metatarsal

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** An osteotomy of the fifth metatarsal may be used to treat a bunionette deformity with an increased 4/5 intermetatarsal angle (IMA) or curved fifth metatarsal.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Osteotomy** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ Patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ Patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following[15]:
  - Shoe modifications
  - Shaving the callus on the outer side of the fifth metatarsal
  - Using an orthotic device
  - Anti-inflammatory medications
- ◆ The patient has **ALL** of the following radiographic findings[15]:
  - An increased 4/5 intermetatarsal angle (IMA) greater than 10°
  - An increased lateral deviation angle greater than 14°

Non-Indications

➔ **Osteotomy** is not considered appropriate if **ANY** of the following is **TRUE**:
- ◆ Inadequate blood supply
- ◆ Presence of active infection

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition

28308	Incision to straighten toe bone (other than the big toe) at the midfoot bone (metatarsal) level

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist

3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			
3- Intermediate Risk	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm3 BMI <18		Preoperative consultation with nutritionist
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			

4- High Risk	Impaired cognition; dementia			
4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			
4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
4- High Risk	Opioid dependence			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	

5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			
5- Very High Risk	Chronic Pain			

Post-Operative Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence to support specific recommendations regarding the timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan but should not have fully obtained all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ Foot pain
- ◆ Toe pain
- ◆ Limited foot/toe motion

Non-Indications

None.

Site of Service Criteria

Performed as outpatient service.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath

97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes

97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, 15 minutes; Physical performance test with written report, 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes;

	Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes Subsequent orthotic training of lower extremity, each 15 minutes Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities and trunk, each 15 minutes

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97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation

429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

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Clinical Guideline Revision History/Information

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Review History	
Wednesday, Oct 13th 2021 (V.2)	Reviewing Physician: Dr. Kurt Hofmann Approving Physician: Dr. Brian Covino
December 29, 2022 (V.3)	Reviewing Physician: Dr. Kurt Hofmann Approving Physician: Dr. Traci Granston