

FOOT CARE

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I. POLICY/CRITERIA

A. **Routine foot care is not a covered benefit.** Routine foot care includes treatment of corns (clavus) and calluses (tyloma), plantar keratosis, hyperkeratosis and keratotic lesions, bunions (except capsular or bone surgery) and nails (except surgery for ingrown nails), nail trimming, and other hygienic or maintenance care; cleaning, soaking and skin cream application for ambulatory and bed-confined patients.

B. Limits/Indications

1. Exceptions to cover routine foot care may be made for systemic conditions that result in sensory loss or circulatory compromise in the legs and feet (e.g., diabetes, arteriosclerosis obliterans, and chronic thrombophlebitis, spinal cord injury with paraplegia or quadriplegia). The systemic disease must be of sufficient severity that the non-professional performance of the service would be hazardous.
2. Nail debridement of mycotic toenails (e.g. onychomycosis) is a covered benefit for the following indications only:
 - a. Sensory loss or circulatory compromise of the lower extremities, *or*
 - b. In the absence of systemic disease, for the following:
 - i. In an ambulatory patient there is documentation that includes clinical evidence of mycosis of the toenail, *and* there is marked limitation of ambulation due to pain *or* a secondary infection is present
 - ii. In a nonambulatory patient there is documentation of clinical evidence of the mycosis *and* there is pain *or* a secondary infection is present.
3. Coverage is provided for the following:
 - a. Surgical or chemical removal (partial or total) of the toenail when infected and distorted. Applicable diagnoses are onychocryptosis (ingrown toenail), onychomycosis (mycotic nail), onychogryphosis (deformed nail) and onychauxis (club nail). Local anesthesia, removal of medial and lateral (tibial and fibular) borders and pre

- and postoperative care are considered an integral part of the surgery and not separately billable.
- b. Subungual osteoectomy of a toe for removal of the toenail or matrix of the nail.
 - c. Treatment of warts, including plantar warts.
 - d. A simple (Silver procedure), modified (Keller, McBride or Mayo) or radical (Joplin) bunionectomy. Procedures with several components such as a bunionectomy with a sesamoidectomy are covered under one procedure code, in this case as a bunionectomy.
 - e. Sesamoidectomy by itself when not performed in conjunction with other foot surgeries.
 - f. Hammer Toe/Tenotomy when medically necessary. Surgery with tenotomy, whether one or multiple incisions, will be considered as one surgery.
 - g. Tendon lengthening procedures, extensor or flexor when symptomatic or unable to passively correct claw toes.
 - i. Tenotomy of the **extensor** tendon (foot or toe) is covered under the bunionectomy, metatarsophalangeal joint, or metatarsal procedures.
 - ii. Tenotomy of the **flexor** tendon is covered if a separate incision is made. Tendon lengthening procedures performed on two adjacent tendons are covered as one procedure.
 - h. Medically necessary arthroplasties to repair such joints as the metatarsocarpophalangeal joint, interphalangeal joint, tarsocarpometatarsalcarpal joint. Implant devices used in conjunction with these procedures must be a FDA approved device for use in humans.
 - i. Excision of a neuroma when medically necessary. Neuromas classified as benign, deep, subfascial or intramuscular are reimbursable.
 - j. Non-invasive, preoperative vascular studies (venous and arterial) to evaluate the following conditions:
 - i. Diabetes mellitus
 - ii. Buerger's disease
 - iii. Arteriosclerosis obliterans
 - iv. Non-traumatic amputation of the foot or any part thereof
 - v. Gangrene
 - vi. Intermittent claudication or ischemic type pain
 - vii. Peripheral vascular disease
 - viii. Non-invasive, preoperative vascular studies (venous and arterial) for symptoms such as non-palpable pulses, abnormal skin color; abnormal skin temperature, pigmentation changes, abnormal skin texture, nail

changes or decreased hair growth in the extremity may be covered if determined to be medically indicated.

4. Coverage limitations include:
 - a. Mycotic nails:
 - i. Treatment is covered only for members with diabetes, vascular insufficiency, multiple fungal infection sites (multiple nails) or an immunocompromised condition.
 - ii. Coverage is provided when ambulation is limited due to the condition, pain is present or a secondary infection is present from the thickening and dystrophy of the infected toenail plate.
 - iii. Prior authorization is required through the pharmacy benefit for anti-fungal agents Sporanox and Lamisil.
 - iv. Laser treatment of onychomycosis is not covered.
 - b. Fracture care:
 - i. Follow-up fracture care related to the reduction of a fracture provided within 72 hours of the initial procedure are not separately billable.
 - ii. Cast application, subsequent removal and reapplication, if required, and cast removal are covered as one medical service. In instances where the cast was applied in one geographical location and the removal done in another, coverage may be provided separately.
 - iii. Windowing of a cast is considered a continuation of the original treatment and not separately billable.
 - iv. Routine office visits related to the initial fracture care are a part of the initial procedure and not covered separately.
 - c. Debridement with whirlpool treatment is covered as one procedure under debridement.
 - d. Injections and aspirations of joints are covered procedures with the following limitations:
 - i. Only one injection per joint is covered on the same day.
 - ii. Therapeutic injections of the same joint are limited to a maximum of three injections in a six month period.
 - e. Podiatric office surgery is covered. Ancillary services such as treatment room, recovery room, pre-operative services, services of nurses (e.g. scrub) are considered to be part of the normal office procedure. An assistant surgeon is covered for complex procedures only.
 - f. Radiology services such as x-rays, including interpretation, are covered when disease or injury is present or suspected. Pre- and post-operative films are covered when invasive procedures are performed and services are provided in Plan.

- g. Bilateral non-invasive vascular studies, when unilateral surgery is being planned, are not a covered benefit.
5. The following are excluded services:
- a. Routine foot care as noted in IA.
 - b. Treatment of subluxation of the foot (partial dislocation or displacement of joint surfaces, tendons, ligaments, or muscles of the foot) performed for the sole purpose of correcting a subluxated structure in the foot as an isolated entity. This exclusion does not apply to medical or surgical treatment of subluxation of the ankle joint (talo-crural joint). In addition, treatment for an acute dislocation of the foot is covered.
 - c. Acupuncture*
 - d. Prolotherapy, joint sclerotherapy and ligamentous injection with sclerosing agents.
 - e. Nerve blocks for the purpose of increasing blood supply to the foot and toes.
 - f. Tenotomy for asymptomatic or passively correctable claw toes.
 - g. Extracorporeal shock wave treatment for plantar fasciitis.
 - h. Subtalar arthroereisis (subtalar implant) is considered experimental, investigational and unproven for all conditions including, but not limited to, flatfoot (pes planus), posterior tibial tendon dysfunction, and talipes valgus deformity.
 - i. Laser treatment of onychomycosis is considered experimental and investigational.

**Note: Acupuncture may be covered with a rider for some commercial plans.*

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*

- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

The Foot Care policy outlines covered benefits for routine foot care and surgical and non-surgical treatment of the foot.

V. CODING INFORMATION

ROUTINE FOOT/NAIL CARE

CPT/HCPCS Codes

- | | |
|-------|--------------------------------------------------------------------------------------------|
| 11055 | Paring or cutting of benign hyperkeratotic lesion (corn or callus); single lesion |
| 11056 | Paring or cutting of benign hyperkeratotic lesion (corn or callus); two to four lesions |
| 11057 | Paring or cutting of benign hyperkeratotic lesion (corn or callus); more than four lesions |
| 11719 | Trimming of nondystrophic nails, any number |
| G0127 | Trimming of dystrophic nails, any number |
| 11720 | Debridement of nail(s) by any method(s); one to five |
| 11721 | Debridement of nail(s) by any method(s); six or more |

ICD-10 Codes that support medical necessity of the codes above:

- | | |
|-----------------|--------------------------------------------|
| A30.0 – A30.9 | Leprosy |
| A48.0 | Gas gangrene |
| A52.10- A52.3 | Neurosyphilis |
| A69.20 – A69.29 | Lyme disease |
| A80.0 – A80.39 | Paralytic poliomyelitis |
| A92.30 – A92.39 | West Nile virus |
| B02.23 | Postherpetic polyneuropathy |
| B20 | Human immunodeficiency virus [HIV] disease |
| B35.1 | Tinea unguium |
| B47.9 | Mycetoma, unspecified |
| D47.4 | Osteomyelofibrosis |

D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D75.89	Other specified diseases of blood and blood-forming organs
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere
D89.2	Hypergammaglobulinemia, unspecified
E08.00 – E13.9	Diabetes mellitus
E52	Niacin deficiency [pellagra]
E75.21 – E75.249	Other sphingolipidosis
E75.3	Sphingolipidosis, unspecified
E75.6	Lipid storage disorder, unspecified
E77.0 – E77.9	Disorder of glycoprotein metabolism
E85.0 – E85.9	Amyloidosis
G04.1	Tropical spastic paraplegia
G04.90 – G04.91	Encephalitis and encephalomyelitis, unspecified
G10	Huntington's disease
G11.0 – G11.2	Ataxia
G11.4	Hereditary spastic paraplegia
G11.9	Hereditary ataxia, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.9	Spinal muscular atrophy, unspecified
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G13.2	Systemic atrophy primarily affecting the central nervous system in myxedema
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G25.3	Myoclonus
G30.0 – G30.9	Alzheimer's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G35	Multiple sclerosis
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.4	Subacute necrotizing myelitis of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G54.4	Lumbosacral root disorders, not elsewhere classified
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.00 - G57.52	Mononeuropathies of lower limb
G57.90 – G57.92	Unspecified mononeuropathy of lower limb
G60.0 – G60.9	Hereditary and idiopathic neuropathy

G61.0 – G61.9	Inflammatory polyneuropathies
G62.0 – G62.9	Other and unspecified polyneuropathy
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 – G65.2	Sequelae of inflammatory and toxic polyneuropathy
G70.1	Toxic myoneural disorders
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G80.0 – G80.9	Cerebral palsy
G81.00 – G81.94	Hemiplegia and hemiparesis
G82.20 – G82.54	Paraplegia and quadriplegia
G83.10 – G83.14	Monoplegia of lower limb
G83.30 – G83.34	Monoplegia unspecified
G83.4	Cauda equina syndrome
G83.5	Locked-in state
G83.81 – G83.9	Other specified paralytic syndromes
G95.0	Syringomyelia and syringobulbia
G95.11 – G95.19	Vascular myelopathies
G95.20 – G95.29	Other cord compression
G95.9	Disease of spinal cord, unspecified
G99.0	Autonomic neuropathy in diseases classified elsewhere
I67.89	Other cerebrovascular disease
I69.041 – I69.069	Sequelae of nontraumatic subarachnoid hemorrhage
I69.141 – I69.169	Sequelae of nontraumatic intracerebral hemorrhage
I69.241 – I69.269	Sequelae of other nontraumatic intracranial hemorrhage
I69.341 – I69.369	Sequelae of cerebral infarction
I69.841 – I69.869	Sequelae of other cerebrovascular diseases
I69.941 – I69.969	Sequelae of unspecified cerebrovascular diseases
I70.0 - I70.92	Atherosclerosis
I72.4	Aneurysm of artery of lower extremity
I73.00 – I73.9	Other peripheral vascular diseases
I74.3 - I74.9	Arterial embolism and thrombosis
I77.3	Arterial fibromuscular dysplasia
I77.89	Other specified disorders of arteries and arterioles
I77.9	Disorder of arteries and arterioles, unspecified
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01-I80.03	Phlebitis and thrombophlebitis of superficial vessels lower extremity
I80.11 - I80.13	Phlebitis and thrombophlebitis of femoral vein
I80.201 - I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremity
I80.211 - I80.9	Phlebitis and thrombophlebitis other vessels
I82.91	Chronic embolism and thrombosis of unspecified vein
I83.011 - I83.018	Varicose veins of right lower extremity with ulcer
I83.021 - I83.028	Varicose veins of left lower extremity with ulcer
I83.11 - I83.12	Varicose veins of lower extremity with inflammation

I83.211 - I83.218	Varicose veins of right lower extremity with both ulcer and inflammation
I83.221 - I83.228	Varicose veins of left lower extremity with both ulcer and inflammation
I83.811 - I83.813	Varicose veins of lower extremities with pain
I83.891 - I83.893	Varicose veins of lower extremities with other complications
I87.001 – I87.099	Post thrombotic syndrome
I87.2	Venous insufficiency (chronic) (peripheral)
I87.8	Other specified disorders of veins
I87.9	Disorder of vein, unspecified
I89.0	Lymphedema, not elsewhere classified
I96	Gangrene, not elsewhere classified
I99.8	Other disorder of circulatory system
I99.9	Unspecified disorder of circulatory system
K90.0	Celiac disease
K90.1	Tropical sprue
L02.611 – L02.619	Cutaneous abscess of foot
L03.031-L03.039	Cellulitis of toe
L03.041 - L03.049	Acute lymphangitis of toe
L60.0 – L60.9	Nail disorders
L62	Nail disorders in diseases classified elsewhere
L72.0	Epidermal cyst
L72.2 – L72.9	Follicular cysts of skin and subcutaneous tissue
L84	Corns and callosities
L89.510 - L89.529	Pressure ulcer of ankle
L89.610 - L89.629	Pressure ulcer of heel
L97.411 - L97.529	Non-pressure chronic ulcer of foot
L98.491 --L98.499	Non-pressure chronic ulcer of skin of other sites
M05.551 - M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83	Systemic sclerosis with polyneuropathy
M79.671 – M79.676	Pain in foot & toes
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
Q84.3	Anonychia
Q84.4	Congenital leukonychia
Q84.5	Enlarged and hypertrophic nails
Q84.6	Other congenital malformations of nails
R20.0 – R20.9	Disturbances of skin sensation
R89.9	Unspecified abnormal finding in specimens from other organs, systems and tissues
S74.00xA - S74.92xS	Injury of nerves at hip and thigh level
S84.00xA - S84.92xS	Injury of nerves at lower leg level
S86.001A - S86.009S	Injury of muscle, fascia and tendon at lower leg level
S86.091A - S86.109S	Other injury of muscle, fascia and tendon lower leg

S86.191A - S86.209S	Other injury of other muscle(s) and tendon(s)
S86.391A - S86.399S	Other injury of muscle(s) and tendon(s) of peroneal muscle group
86.801A - S86.809S	Unspecified injury of other muscle(s) and tendon(s) at lower leg
S86.891A - S86.899S	Other injury of other muscle(s) and tendon(s) lower leg
S86.991A - S86.999S	Other injury of unspecified muscle and tendon lower leg
S90.111A - S90.229S	Contusion of toes
S90.411A - S90.476S	Other injuries to toes
S90.811A - S90. 979S	Other injuries to foot
S90.921A - S90.936S	Unspecified superficial injury of foot
S91.101A – S91.259S	Open wound of toes
S94.00xA - S94.92xS	Injury of nerves at ankle and foot level
S96.001A - S96.009S	Injury of muscle and tendon at ankle and foot level
S96.091A – S96.209S	Other injury of muscle and tendon ankle and foot level
S97.101A – S97.129S	Crushing injury of toe(s) and foot
S99.821A – S99.929S	Other specified injuries of foot
T25.121A – T25.199S	Burn of first degree of foot
T25.221A – T25.299S	Burn of second degree of foot and ankle
T25.331A – T25.339S	Burn of third degree of foot
T25.521A – T25.539S	Corrosion of first degree of foot
T25.621A – T25.699S	Corrosion of second degree foot
T25.721A – T25.799S	Corrosion of third degree foot
T33.521A – T33.539S	Superficial frostbite of hand
T33.821A – T33.839S	Superficial frostbite of foot
T34.521A – T34.539S	Frostbite with tissue necrosis of hand
T34.811A – T34.839S	Frostbite with tissue necrosis of foot
T49.0x1A – T49.0x4S	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs
T49.2x1A – T49.2x4S	Poisoning by local astringents and local detergents, accidental (unintentional), initial encounter
T49.3x1A – T49.3x4S	Poisoning by emollients, demulcents and protectants
Z79.01	Long term (current) use of anticoagulants
Z79.899	Other long term (current) drug therapy
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.718	Personal history of other venous thrombosis and embolism
Z86.72	Personal history of thrombophlebitis
Z86.79	Personal history of other diseases of the circulatory system
Z89.411-Z89.9	Acquired absence of lower limb

OTHER FOOT PROCEDURES

ICD-10 Codes that may support medical necessity of the procedures below:

B07.0	Plantar wart
B07.8	Other viral warts
M20.10 – M20.62	Acquired deformities of fingers and toes
M65.171 – M65.172	Infective (teno) synovitis, ankle and foot

M65.80	Other synovitis and tenosynovitis, unspecified site
M65.871 – M65.879	Other synovitis and tenosynovitis, ankle and foot
M65.9	Synovitis and tenosynovitis, unspecified
M67.379	Transient synovitis, unspecified ankle and foot
M80.00xA – M80.00xS	Age-related osteoporosis with current pathological fracture, unspecified site
M84.30xA – M84.30xS	Stress fracture, unspecified site
M84.374A – M84.379S	Stress fracture, foot or toes
M84.38xA – M84.38xS	Stress fracture, other site,
M84.40xA – M84.40xS	Pathological fracture, unspecified site
M84.48xA – M84.48xS	Pathological fracture, other site
M84.50xA – M84.50xS	Pathological fracture in neoplastic disease, unspecified site, subsequent encounter for fracture with routine healing
M84.60xA – M84.60xS	Pathological fracture in other disease, unspecified site,
M84.68xA – M84.68xS	Pathological fracture in other disease, other site
Q66.89	Other specified congenital deformities of feet
Q74.2	Other congenital malformations of lower limb(s), including pelvic girdle
S92.001A – S92.919S	Fracture of foot or toes, except ankle

CPT/HCPCS Codes

11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28055	Neurectomy, intrinsic musculature of foot
28080	Excision, interdigital (Morton) neuroma, single, each
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (e.g., Clayton type procedure)
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

- 28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); phalanx of toe
- 28200 Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
- 28202 Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
- 28208 Repair, tendon, extensor, foot; primary or secondary, each tendon
- 28210 Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
- 28225 Tenolysis, extensor, foot; single tendon
- 28226 Tenolysis, extensor, foot; multiple tendons
- 28232 Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
- 28234 Tenotomy, open, extensor, foot or toe, each tendon
- 28240 Tenotomy, lengthening, or release, abductor hallucis muscle
- 28264 Capsulotomy, midtarsal (e.g., Heyman type procedure)
- 28270 Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
- 28272 Capsulotomy; interphalangeal joint, each joint (separate procedure)
- 28285 Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
- 28286 Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
- 28288 Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
- 28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
- 28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
- 28292 Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
- 28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
- 28296 Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures)
- 28297 Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
- 28298 Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
- 28299 Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
- 28300 Osteotomy; calcaneus (e.g., Dwyer or Chambers type procedure), with or without internal fixation
- 28302 Osteotomy; talus
- 28304 Osteotomy, tarsal bones, other than calcaneus or talus;
- 28305 Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (e.g., Fowler type)
- 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 (other than first toe)
- 28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
- 28309 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (e.g., Swanson type cavus foot procedure)
- 28315 Sesamoidectomy, first toe (separate procedure)

- 28320 Repair, nonunion or malunion; tarsal bones
- 28322 Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
- 28344 Reconstruction, toe(s); polydactyly
- 28360 Reconstruction, cleft foot
- 28400 Closed treatment of calcaneal fracture; without manipulation
- 28406 Percutaneous skeletal fixation of calcaneal fracture, with manipulation
- 28435 Closed treatment of talus fracture; with manipulation
- 28436 Percutaneous skeletal fixation of talus fracture, with manipulation
- 28450 Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
- 28455 Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
- 28456 Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
- 28465 Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
- 28470 Closed treatment of metatarsal fracture; without manipulation, each
- 28475 Closed treatment of metatarsal fracture; with manipulation, each
- 28476 Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
- 28485 Open treatment of metatarsal fracture, with or without internal or external fixation, each
- 28490 Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
- 28495 Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
- 28496 Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
- 28505 Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
- 28510 Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
- 28515 Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
- 28525 Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
- 28530 Closed treatment of sesamoid fracture
- 28531 Open treatment of sesamoid fracture, with or without internal fixation
- 28600 Closed treatment of tarsometatarsal joint dislocation; without anesthesia
- 28605 Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
- 28606 Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation

- 28636 Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
- 28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
- 28735 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction)
- 28737 Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (e.g., Miller type procedure)
- 28750 Arthrodesis, great toe; metatarsophalangeal joint
- 28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)
- 28805 Amputation, foot; transmetatarsal
- 28810 Amputation, metatarsal, with toe, single
- 28820 Amputation, toe; metatarsophalangeal joint

- 93922 Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
- 93923 Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume ple
- 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
- 93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
- 93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
- 93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
- 93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Not Covered:

- 0335T Insertion of sinus tarsi implant
- 0511T Removal and reinsertion of sinus tarsi implant
- 28585 Open treatment of talotarsal joint dislocation, includes internal fixation, when performed (*retro review upon request*)
- S2117 Arthroereisis, subtalar

- 97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

- 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 28890 Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
- 20999 Unlisted procedure, musculoskeletal system, general (*when billed for prolotherapy*)
- 28899 Unlisted procedure, foot or toes (*if billed for Not Covered procedures*)
- 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when billed for laser treatment of onychomycosis)
- 96999 Unlisted special dermatological service or procedure (when billed for laser treatment of onychomycosis)

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