

Driscoll Health Plan Medical Necessity Guideline



Medical Necessity Guideline: Bunion and bunionette surgical treatments	Creation Date: 09/01/2007	Review Date: 05/24/2024	Effective Date: 06/07/2022
--	-------------------------------------	-----------------------------------	--------------------------------------

PURPOSE:

To define the conditions and requirements for surgical treatment of bunions and bunionettes.

DEFINITIONS:

Bunions and bunionettes - a broad category of conditions involving deformities of the metatarsals and metatarsophalangeal joints encompassing terms such as hallux valgus (bunion), bunionettes (Tailor’s bunion), hallux limitus, and hallux rigidus.

GUIDELINE:

Indications and Documentation Requirements:

1. Surgical treatment of bunion or hallux valgus:

Driscoll Health Plan considers bony correction surgery for bunion medically necessary for a member that meets the following criteria:

- Development of a neuroma secondary to the bunion; **OR**
- Limited or painful range of motion and pain upon palpation at the first toe MTP joint; **OR**
- Nonhealing ulceration caused by bunion; **OR**
- Painful prominence of the dorsiflexed second toe due to pressure from the first toe

AND all of the following:

- Radiographic confirmation of an intermetatarsal (IM) angle greater than 9 degrees and/or hallux valgus (HV) angle greater than 20 degrees; **AND**
- Documentation of persistent pain and difficulty walking despite at least six months of conservative treatment under the direction of a healthcare professional, which includes, but may not be limited to:
 - Alternative or modified footwear
 - Corticosteroid injections
 - Debridement of hyperkeratotic lesions
 - Foot orthotics (shoe inserts) (generally contractually excluded)
 - Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS)
 - Protective cushions/pads; **AND**
 - Documentation of skeletal maturity

2. Simple bunionectomy or soft tissue correction of the hallux valgus:

Driscoll Health Plan considers soft-tissue revision for bunion medically necessary for a member that meets the following criteria:

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline



- Radiographic confirmation of an HV angle of 15 degrees or greater and no degenerative changes to the MTP joint; **AND**
- Documentation of persistent pain and difficulty walking despite at least six months of conservative treatment under the direction of a healthcare professional, which includes, but may not be limited to:
 - Alternative or modified footwear
 - Corticosteroid injections
 - Debridement of hyperkeratotic lesions
 - Foot orthotics (shoe inserts) (generally contractually excluded)
 - Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS)
 - Protective cushions/pads; **AND**
 - Documentation of skeletal maturity

3. **Surgical correction of metatarsophalangeal (MTP) joint (e.g., hallux limitus or rigidus):**

Driscoll Health Plan considers surgical correction of MTP joint medically necessary for a member that meets the following criteria:

- Documentation of persistent pain and difficulty walking despite at least six months of conservative treatment under the direction of a healthcare professional, which includes, but may not be limited to:
 - Alternative or modified footwear
 - Corticosteroid injections
 - Debridement of hyperkeratotic lesions
 - Foot orthotics (shoe inserts) (generally contractually excluded)
 - Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS)
 - Protective cushions/pads; **AND**
 - Documentation of skeletal maturity; **AND**
 - Radiographic confirmation of osteoarthritis within the first MTP joint, when performing surgical procedures for hallux rigidus, as evidenced by any of the following:
 - Cysts in the metatarsal head; **OR**
 - Loss of the cartilage space between the bones; **OR**
 - Mild to moderate bony proliferative pathology

4. **Bunionette surgery (e.g., osteotomy or resection procedures):**

Driscoll Health Plan considers surgical correction of MTP joint medically necessary for a member that meets the following criteria:

- Documentation of persistent pain and difficulty walking despite at least six months of conservative treatment under the direction of a healthcare professional, which includes, but may not be limited to:
 - Alternative or modified footwear

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline



- Corticosteroid injections
- Debridement of hyperkeratotic lesions
- Foot orthotics (shoe inserts) (generally contractually excluded)
- Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS)
- Protective cushions/pads; **AND**
- Documentation of skeletal maturity; **AND**
- Radiographic confirmation of an IM angle 10 degrees or greater and a lateral deviation angle 14 degrees or greater of the fifth MTP joint when performing an osteotomy; **OR**
- Radiographic confirmation of bony prominence when performing a simple resection

Non-covered services:

Driscoll Health Plan members may NOT be eligible under the Plan for bunion, bunionette or hallux valgus surgery for any indications other than those listed above, including, but may not be limited to, when performed for cosmetic purposes (to improve or change your appearance or self-esteem).

BACKGROUND:

A **bunion or hallux valgus** deformity consists of a lateral deviation from a straight line of the great toe toward the other toes of the foot with medial deviation of the first metatarsophalangeal (MTP) joint. The tissues surrounding the joint may become inflamed and painful. However, not all bunion deformities may cause symptoms. A bunion has many etiologies, including, but not limited to, arthritic conditions, heredity, or trauma, and the deformation is aggravated by faulty foot mechanics or tight-fitting shoe wear. This progressive deformity is not a single disorder but a complex deformity of the first ray or the column of bones that form the medial border of the forefoot⁽¹⁾.

Although HV is easily recognized by clinical examination, radiographs may be necessary to determine the presence of articular damage. Neither radiographic nor clinical appearance provides the basis for surgical referral, which is determined by patient pain and disability.

There is little evidence that conservative treatments are helpful in HV treatment. Nevertheless, patients without debilitating symptoms should avail themselves of conservative therapies before being referred for surgery. Possible treatments include:

- Shoe modification: wide, low-heeled shoes or specially altered shoes with increased medial pocket for the first metatarsophalangeal (MTP) joint to minimize deforming forces
- Orthoses to improve support and alignment

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline

- Night splinting to improve toe alignment
- Stretching and/or mobilization/manipulation to maintain joint mobility
- Medial bunion pads to prevent irritation
- Ice applied after activity to reduce inflammation
- Analgesics: acetaminophen or NSAIDs ¹

For hallux valgus, surgery may be recommended to correct the deformity and reconstruct the bones and joints, restoring normal pain-free function to individuals having difficulty walking and/or experiencing pain despite accepted conservative treatments.

Surgical repair of hallux valgus may include an osteotomy (cutting portions of bone on each side of the toe joint followed by realignment), shortening or lengthening tendons or ligaments, shaving tissue from the bunion, or arthrodesis (removing damaged portions of the joint and using screws, wires or a plate to hold the joint together). Several operative procedures and osteotomies have been devised and modified over time. The precise intervention employed depends on careful clinical and radiological evaluation and planning, as all hallux valgus deformities are unique and no single osteotomy procedure can treat them all ^(1, 2, 3, 4).

Hallux abductus (or hallux valgus) angle – The angle created by the bisection of the hallux’s longitudinal axis and the first metatarsal’s longitudinal axis. Historically, a hallux abductus (HA) angle of greater than 15 degrees was considered abnormal. Still, such deformities are not always symptomatic, and some cases of an HA angle greater than 15 degrees occur naturally due to the shape of the articular surfaces involved. Contemporary research suggests an HA angle of 20 degrees or greater is abnormal ⁽¹⁾.

Intermetatarsal (IM) angle – The angle determined by the bisection of the longitudinal axes of the first and second metatarsals. An IM angle less than 9 degrees is considered normal ⁽¹⁾.

Bunionette or Tailor’s bunion is a bony prominence on the lateral side of the fifth metatarsal head (toe). A bunionette is often combined with a bunion or hallux valgus known as “splay foot” or is seen congenitally or may be enlarged due to trauma. In addition, a painful callus or a localized keratosis may form beneath the fifth metatarsal head and the bursa on the toe’s lateral side of the toe ⁽¹⁾. Surgical repair for bunionette, may be necessary when severe pain limits an individual’s ability to walk ^(1, 4).

Hallux limitus refers to a great toe lacking normal motion but does not demonstrate degenerative arthritis changes at the MTP joint. This condition may originate from inflammation, thickening of the joint capsule, or an unknown cause ⁽¹⁾. Uncontrolled studies suggest that surgery for hallux limitus provides long-term relief of pain and improved function ^(1, 2, 3).

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline

Hallux rigidus is a progressive disorder characterized by limitation of movement along with a dorsal bunion at the MTP joint of the great toe, most often caused in an adult by degenerative arthritis. An individual with hallux rigidus may have a history of pain and stiffness in the first MTP joint that increases with activity and is aggravated by shoes ⁽¹⁾.

Many surgical procedures for hallux rigidus have been recommended including, but not limited to, arthrodesis (fusion) or resection arthroplasty ^(1, 4).

A **first MTP joint replacement**, also known as total prosthetic arthroplasty, is an alternative to an arthrodesis surgical procedure for those individuals with disabling pain and lack of motion in the first MTP joint not improved with conservative and/or surgical treatment due to degenerative or post-traumatic arthritis (hallux rigidus). The US Food and Drug Administration (FDA) has approved partial and total replacement implants made of acrylic, biocompatible hydrogel, metal, metal alloys, and silastic ⁽¹⁾.

PROVIDER CLAIM CODES:

CPT	
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
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

REFERENCES:

1. DynaMed [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T115604, Hallux Valgus and Bunion; [updated 2018 Nov 30, cited Corpus Christi, TX, May 31, 2023]. Available from <https://www.dynamed.com/topics/dmp~AN~T115604>. Registration and login required.

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline



2. ClinicalKey. Murphy GA. Disorders of the hallux. In: Canale ST, Beaty JH. *Campbell's Operative Orthopaedics*, 14th Ed. Philadelphia, PA: Mosby; 2021: Chapter 82, 4041-4153e7.e6. <https://www.clinicalkey.com>. Accessed May 12, 2022.
3. Murphy GA. Lesser toe abnormalities. In: Canale ST, Beaty JH. *Campbell's Operative Orthopaedics*, 14th Ed. Philadelphia, PA: Mosby; 2021: Chapter 84, 4227-4283.e3. <https://www.clinicalkey.com>. Accessed May 12, 2022.
4. Trnka HJ. Osteotomies for hallux valgus correction. *Foot Ankle Clin*. 2005;10(1):15-33. doi:10.1016/j.fcl.2004.10.002

DOCUMENT HISTORY:

DHP Committee that Approved	<i>Review Approval Date (last 5 years)</i>				
Medical Director	06/07/2022	05/31/2023	05/24/2024		/
CMO	06/07/2022	06/06/2023	06/11/2024		
Medical Policy Workgroup	06/07/2022	06/06/2023	06/11/2024		
Utilization Management & Appeals	06/21/2022	06/20/2023	06/18/2024		
Provider Advisory Committee (PAC)	06/17/2022	06/09/2023	07/01/2024		
Clinical Management Committee	06/24/2022 & 08/23/2022	07/20/2023	07/24/2024		
Executive Quality Committee	06/28/2022	07/25/2023	07/30/2024		

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Driscoll Health Plan Medical Necessity Guideline



<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
12/01/2015	No change
11/28/2016	No change
11/28/2017	No change
11/16/2018	Updated reference
11/30/2019	Updated references, changed format
06/16/2020	Updated definition, guideline statements, reference – Dr. Akhtar and Dr. Brendel
05/22/2021	Update Campbell’s Operative Orthopedics with new edition. Accessed and current references updated and verified – Dr. Akhtar
05/12/2022	Updated by Dr. Dan Doucet
05/24/2022	Reviewed, references verified, final editing by Dr. Fred McCurdy
05/31/2023	Reviewed by Drs. Dan Doucet and Fred McCurdy; no changes
05/24/2024	Reviewed by Drs. Dan Doucet and Fred McCurdy; no changes

Medical Necessity Guideline: STAR, CHIP, STAR Kids

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan