

<b>Subject: Plantar Fasciitis Release Surgery</b>		<b>Original Effective Date:</b> 4/5/21
<b>Policy Number: MCP-402</b>	<b>Revision Date(s):</b>	
<b>MCPC Approval Date: 4/5/21</b>	<b>Review Date: 6/29/21</b>	

## Contents

DISCLAIMER .....	1
Description of Procedure/Service/Pharmaceutical.....	1
Position Statement Criteria .....	2
Summary of Medical Evidence.....	2
PROFESSIONAL SOCIETY GUIDELINES .....	3
Coding Information.....	3
References.....	3
Review Revision History .....	5

### DISCLAIMER

*This Molina clinical policy is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina clinical policy document and provide the directive for all Medicare members.<sup>1</sup>*

### DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Plantar fasciitis is defined as the inflammation of the plantar fascia which is the thick connective tissue that lies between the heel bone and the base of the toes. Degeneration and inflammation of the plantar fascia caused by repetitive micro trauma leads to chronic heel pain. The characteristic symptom of plantar fasciitis is heel pain, which is usually localized to the plantar medial aspect of the heel. Pain is typically worse in the morning or after a rest period but improves with movement. A diagnosis of plantar fasciitis is made primarily through clinical history and physical examination. Plantar fasciitis is primarily treated medically, and up to 95% of patients have symptom resolution within 12 to 18 months.

Current medical management of plantar fasciitis includes stretching exercises of the foot and calf, avoiding the use of flat shoes and barefoot walking, using prefabricated over-the-counter silicone heel shoe inserts, limiting physical activities such as running, jumping, dancing etc. that can aggravate the condition, short term use of NSAIDS, and injection of the plantar region with glucocorticoids and a local anesthetic. Electric Shock Wave Therapy may be considered as an alternative to surgical treatment. Surgery should only be considered for intractable pain which has not responded to 6–12 months of conservative medical treatment. Open and endoscopic partial plantar fascial release are the most common surgical interventions utilized for the treatment of plantar fasciitis when all other medical management has failed. The open procedure enables the first branch of the lateral plantar nerve to be directly decompressed if necessary and this cannot be done using an endoscopic approach. The endoscopic procedure is less invasive, less painful, has fewer complications, and has a quicker recovery time in comparison to the open procedure.

#### POSITION STATEMENT CRITERIA <sup>6-44</sup>

Plantar Fascia release surgery [open or endoscopic] may be considered medically necessary when all of the following criteria are met: [ALL]

- Diagnosis of plantar fasciitis; and
- Age 18 or older; and
- Baseline imaging to exclude other pathological etiologies of heel pain (e.g., achilles tendinopathy, arthritis, heel fat pad atrophy, tarsal tunnel syndrome, calcaneal stress fracture, bone lesions, heel spur or infection); and
- Significant heel pain and functional impairment interfering with activities of daily living that persist after at least 6 months of applicable conservative management that includes but is not limited to the following: [ALL]
  - Physical therapy  $\geq$  6 months; and
  - Activity modification  $\geq$  6 months; and
  - Night splints  $\geq$  4 weeks; and
  - Foot orthotics (e.g., shoe inserts, heel lifts, footwear modifications, corrective splinting)  $\geq$  6 months; and
  - Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS) unless contraindicated or not tolerated; and
  - Corticosteroid injections unless contraindicated or not tolerated; and
  - Home stretching program; and
  - Taping

#### SUMMARY OF MEDICAL EVIDENCE

The peer reviewed medical literature has an abundance of low-moderate quality evidence for the use of open and endoscopic partial plantar fascial release as a treatment for intractable plantar fasciitis that has not responded to conservative treatment. The majority of evidence consists of case series, non-randomized clinical studies and retrospective reviews. Despite the lack of robust studies, plantar fascial release surgical treatment has become the standard of care for intractable pain lasting 6-12 months that has failed medical management. <sup>8-9, 22, 23, 26, 28, 40, 43</sup>

There is an abundance of good quality evidence in the peer reviewed literature for the use of conservative medical therapy as a first and second line treatment for plantar fasciitis. There are several randomized controlled trials, retrospective reviews, case series and professional society guidelines. First line treatments include stretching exercises, ice, activity modification, weight loss in obesity, footwear modifications, arch taping, nonsteroidal anti-inflammatory medications and

shock-absorbing shoe inserts or orthoses. Second line therapy includes night splints, steroidal anti-inflammatory injections or casting. <sup>2-5, 6-7, 11, 14, 16, 19, 27, 29, 30, 33, 35, 36, 42</sup>

**PROFESSIONAL SOCIETY GUIDELINES <sup>2-5</sup>**

The American College of Foot and Ankle Surgeons (ACFAS) practice guideline (2010) indicates that first line treatment options for plantar heel pain associated with plantar fasciitis include foot padding and strapping, therapeutic orthotic insoles, cortisone injections, and Achilles and plantar fascia stretching for a period of six weeks. Second line treatment options include continuation of tier one treatments, with consideration for additional therapies, including the use of night splints to maintain an extended length of the plantar fascia and gastrosoleus complex. The guideline recommends that ESWT may be considered as an alternative to traditional surgical approaches for recalcitrant plantar heel pain. <sup>3</sup>

**CODING INFORMATION:** THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

CPT	Description
28008	Fasciotomy, foot and/or toe
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28062	Fasciectomy, plantar fascia; radical (separate procedure)
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
29893	Endoscopic plantar fasciotomy

HCPCS	Description
	N/A

ICD-10	Description: [For dates of service on or after 10/01/2015]
M72.2	Plantar fascial fibromatosis

**REFERENCES**

**Government Agency**

- Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. National coverage determination (NCD) Search. Accessed at: <http://www.cms.gov/medicare-coverage-database/>

**Professional Society Guidelines**

- American College of Occupational and Environmental Medicine (ACOEM). Ankle and Foot Disorders. Effective Sept 2015. [archived]. <https://www.dir.ca.gov/dwc/MTUS/ACOEM-Guidelines/Ankle-and-Foot-Disorders-Guideline.pdf>
- American College of Foot and Ankle Surgeons (ACFAS):
  - Thomas et al. The Diagnosis and Treatment of Heel Pain: A Clinical Practice Guideline. Revision 2010. Accessed at: [https://www.jfas.org/article/S1067-2516\(10\)00002-5/fulltext](https://www.jfas.org/article/S1067-2516(10)00002-5/fulltext)
  - Schneider H et al. Clinical Consensus Statement: Diagnosis and Treatment of Adult Acquired Infracalcaneal Heel Pain. 2018. J Foot Ankle Surg. 2018 Mar - Apr;57(2):370-381.
- Orthopaedic Section of the American Physical Therapy Association (APTA). Heel Pain Plantar Fasciitis:

Revision 2014. Accessed at: <https://www.jospt.org/doi/pdf/10.2519/jospt.2014.0303>

5. McPoil TG, Martin RL, Cornwall MW, Wukich DK, Irrgang JJ, Godges JJ. Heel pain--plantar fasciitis: clinical practice guidelines linked to the international classification of function, disability, and health from the orthopaedic section of the American Physical Therapy Association. *J Orthop Sports Phys Ther.* 2008 Apr;38(4):A1-A18. Epub 2008 Mar 31.

### Peer Reviewed Publications

6. Barry LD, Barry AN, Chen Y. A retrospective study of standing gastrocnemius-soleus stretching versus night splinting in the treatment of plantar fasciitis. *J Foot Ankle Surg.* 2002 Jul-Aug;41(4):221-227.
7. Berlet GC, Anderson RB, Davis H, Kiebzak GM. A prospective trial of night splinting in the treatment of recalcitrant plantar fasciitis: the Ankle Dorsiflexion Dynasplint. *Orthopedics.* 2002 Nov;25(11):1273-1275.
8. Benton-Weil W, Borrelli AH, Weil LS Jr, Weil LS Sr. Percutaneous plantar fasciotomy: a minimally invasive procedure for recalcitrant plantar fasciitis. *J Foot Ankle Surg.* 1998 Jul-Aug;37(4):269-272.
9. Boyle RA, Slater GL. Endoscopic plantar fascia release: a case series. *Foot Ankle Int.* 2003;Feb;24(2):176-179
10. Buchbinder R. Clinical practice. Plantar fasciitis. *N Engl J Med* 2004; 350(21): 2159-2166
11. Cinar E, Saxena S et al. Combination Therapy Versus Exercise and Orthotic Support in the Management of Pain in Plantar Fasciitis: A Randomized Controlled Trial. *Foot Ankle Int.* 2018 Apr;39(4):406-414. Epub 2018 Jan 12.
12. Covey CJ, Mulder MD. Plantar fasciitis: How best to treat? *Journal of Family Practice* 2013;62(9):466-471.
13. Crawford F, Thomson C. Interventions for treating plantar heel pain. *Cochrane Database Syst Rev.* 2003;(3):CD000416.
14. Digiovanni et al. Plantar fascia-specific stretching exercise improves outcomes in patients with chronic plantar fasciitis. A prospective clinical trial with two-year follow-up. *J Bone Joint Surg Am.* 2006; Aug;88(8):1775-81.
15. Glazer JL. An approach to the diagnosis and treatment of plantar fasciitis. *Phys Sportsmed* 2009; 37(2): 74-79.
16. Hawke F, Burns J, Radford JA, du Toit V. Custom-made foot orthoses for the treatment of foot pain. *Cochrane Database Syst Rev.* 2008 Jul 16;(3):CD006801.
17. James M. Foot and ankle problems. *InnovAiT* 2018;4(2018):185-189.
18. Kimble B. Plantar fasciitis. In: Ferri FF, editor. *Ferri's Clinical Advisor.* 2020 ed. Philadelphia, PA: Elsevier; 2020:1085.e2-1085.e4
19. Landorf et al. Effectiveness of foot orthoses to treat plantar fasciitis: a randomized trial. *Arch Intern Med.* 2006 Jun 26;166(12):1305-10.
20. Li H, Lv H, Lin T. Comparison of efficacy of eight treatments for plantar fasciitis: A network meta-analysis. *J Cell Physiol.* 2018 Jan;234(1):860-870. Epub 2018 Aug 4.
21. Luffy L, Grosel J, Thomas R, So E. Plantar fasciitis: A review of treatments. *Journal of the American Academy of Physician Assistants* 2018;31(1):20-24.
22. Lundeen RO, Aziz S, Burks JB, Rose JM. Endoscopic plantar fasciotomy; a retrospective analysis of results in 53 patients. *J Foot Ankle Surg.* 2000 Jul-Aug;39(4):208-217.
23. Malahais MA et al. The clinical outcome of endoscopic plantar fascia release: A current concept review. *Foot Ankle Surg.* 2020 Jan;26(1):19-24.
24. 2008 Apr;38(4):A1-A18. Epub 2008 Mar 31.
25. McSweeney SC, Cichero M. Tarsal tunnel syndrome-A narrative literature review. *Foot (Edinburgh, Scotland)* 2015;25(4):244-250.
26. O'Malley J|MJ, Page A, Cook R. Endoscopic plantar fasciotomy for chronic heel pain. *Foot Ankle Int.* 2000 Jun;21(6):505-510.

27. Osborne HR, Allison GT. Treatment of plantar fasciitis by Low Dye taping and iontophoresis: short term results of a double blinded, randomised, placebo controlled clinical trial of dexamethasone and acetic acid. *Br J Sports Med.* 2006 Jun;40(6):545-9; discussion 549. Epub 2006 Feb 17.
28. Othman AM, Hegazy IH. Endoscopic plantar fasciotomy versus injection of platelet-rich plasma for resistant plantar fasciopathy. *J Orthop.* 2015;12:S176-S181.
29. Powell M, Post WR, Keener J, Wearden S. Effective treatment of chronic plantar fasciitis with dorsiflexion night splints: a crossover prospective randomized outcome study. *Foot Ankle Int.* 1998; Jan;19(1):10-18.
30. Probe RA, Baca M, Adams R, Preece C. Night splint treatment for plantar fasciitis. *Clinical Orthopaedics and Related Research.* 1999;368:190-195.
31. Rio E, Mayes S, Cook J. Heel pain: a practical approach. *Australian Family Physician* 2015;44(3):96-101.
32. Rompe JD. Plantar fasciopathy. *Sports Med Arthrosc Rev.* 2009 Jun;17(2):100-4.
33. Roos et al. Foot orthoses for the treatment of plantar fasciitis. *Foot Ankle Int.* 2006; Aug;27(8):606-11.
34. Rosenbaum AJ, DiPreta JA, Misener D. Plantar heel pain. *Medical Clinics of North America* 2014;98(2):339-352.
35. Salvioli S et al. The effectiveness of conservative, non-pharmacological treatment, of plantar heel pain: A systematic review with meta-analysis. *Foot (Edinb).* 2017 Dec;33:57-67. Epub 2017 Jun 15.
36. Stuber K, Kristmanson K. Conservative therapy for plantar fasciitis: a narrative review of randomized controlled trials. *JCCA J Can Chiropr Assoc.* 2006 Jun;50(2):118-33.
37. Thomas MJ, Menz HB, Mallen CD. Plantar heel pain. *British Medical Journal* 2016;353:i2175.
38. Toomey EP. Plantar heel pain. *Foot Ankle Clin* 2009; Jun;14(2):229-45.
39. Uden et al. Plantar fasciitis - to jab or to support? A systematic review of the current best evidence. *J Multidiscip Healthc* 2011, 4: 155-64
40. Urovitz EP, Birk-Urovitz A, Birk-Urovitz E. Endoscopic plantar fasciotomy in the treatment of chronic heel pain. *Can J Surg.* 2008 Aug;51(4):281-3
41. Williams S et al. Heel pain-plantar fasciitis and Achilles enthesopathy. *Clin Sports Med.* 2004 Jan;23(1):123-44.
42. Wrobel JS, Fleischer AE, Crews RT, Jarrett B, Najafi B. A randomized controlled trial of custom foot orthoses for the treatment of plantar heel pain. *Journal of the American Podiatric Medical Association* 2015;105(4):281-294.
43. Yuan Y et al. Comparison of the therapeutic outcomes between open plantar fascia release and percutaneous radiofrequency ablation in the treatment of intractable plantar fasciitis. *J Orthop Surg Res.* 2020; 15: 55.
44. Young C. In the clinic. Plantar fasciitis. *Annals of Internal Medicine* 2012;156.

### Other Resources

45. Hayes a TractManager Company. Winifred Hayes Inc. Lansdale, PA:
  - Radial Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis. Nov 2016, updated Feb 2020.
  - Focused Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis. Oct 2016. Updated Jan 2020.
46. UpToDate: [website]. Waltham, MA: Walters Kluwer Health; 2021.
  - Buchbinder R. Plantar Fasciitis.
47. IRO: Advanced Medical Review (AMR): Policy reviewed by a practicing physician Board certified in Orthopaedic Surgery. 3/18/21.
48. McKesson InterQual 2019 Procedures Criteria:
  - Plantar Fascial Release.

### REVIEW REVISION HISTORY

4/5/2021: New Policy