Molina Clinical Policy
Plantar Fasciitis Release Surgery: Policy No. 402

Last Approval: 4/13/2022
Next Review Due By: April 2023

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment and clinical recommendations for the Member. 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 (e.g., 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 MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

Plantar fasciitis is defined as the inflammation of the plantar fascia, the thick band of connective tissue that connects the heel bone to 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 usually made based on 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.

COVERAGE POLICY

Plantar Fascia release surgery (open or endoscopic) **may be considered medically necessary** when **ALL** of the following criteria are met:

1. Diagnosis of plantar fasciitis; **AND**
2. Age 18 or older; **AND**
3. 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**
4. 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, **ALL** of the following:
   a. Physical therapy ≥ 6 months; **AND**
   b. Activity modification ≥ 6 months; **AND**
   c. Night splints ≥ 4 weeks; **AND**
   d. Foot orthotics (e.g., shoe inserts, heel lifts, footgear modifications, corrective splinting) ≥ 6 months; **AND**
   e. Oral analgesics or nonsteroidal anti-inflammatory drugs (NSAIDS) unless contraindicated or not tolerated; **AND**
   f. Corticosteroid injections unless contraindicated or not tolerated; **AND**
   g. Home stretching program; **AND**
   h. Taping.

Note: For coverage policy on minimally invasive therapies for plantar fasciitis, please reference Molina Clinical Policy No. 338: Plantar Fasciitis Treatments.

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

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.

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, and casting.

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

For a list of peer-reviewed studies used in the development and update of this policy, please see the References.

SUPPLEMENTAL INFORMATION

None.

CODING & BILLING INFORMATION

CPT Codes

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 Codes – N/A

ICD-10 Code

ICD-10	Description
M72.2	Plantar fascial fibromatosis

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

APPROVAL HISTORY

4/13/2022 Policy reviewed, no changes to criteria, updated references.
4/5/2021 New policy.

REFERENCES

Government Agency

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database. Available from CMS. Accessed February 17, 2022.

Evidence Based Reviews and Publications

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Peer Reviewed Publications

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National and Specialty Organizations

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APPENDIX

Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*