

1 **Clinical Practice Guideline: Calcaneal Ostectomy**

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3 **Date of Implementation: August 20, 2015**

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5 **Product: Specialty**

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8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) considers services consisting of CPT Code  
 10 28118 and 28119 to be medically necessary for calcaneal ostectomy **upon meeting ALL**  
 11 **of the following criteria:**

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13 1. When supported by **1 or more of the following diagnoses:**

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ICD-10 Code	ICD-10 Code Description
I70.235, I70.245	Atherosclerosis of native arteries of leg with ulceration of other part of foot
I70.238 - I70.239, I70.248 - I70.249	Atherosclerosis of native arteries of leg with ulceration of other part of lower leg or unspecified site
I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745	Atherosclerosis of bypass graft(s) of the leg with ulceration of other part of foot
I70.338 - I70.339, I70.348 - I70.349, I70.438 - I70.439, I70.448 - I70.449, I70.538 - I70.539, I70.548 - I70.549, I70.638 - I70.639, I70.648 - I70.649, I70.738 - I70.739, I70.748 - I70.749	Atherosclerosis of bypass graft(s) of the leg with ulceration of other part of lower leg or unspecified site
L89.500, L89.510, L89.520, L89.600, L89.610, L89.620, L89.95	Pressure ulcer of lower extremity, unstageable
L89.501, L89.511, L89.521, L89.601, L89.611, L89.621, L89.891, L89.91	Pressure ulcer of lower extremity, stage I
L89.502, L89.512, L89.522, L89.602, L89.612, L89.622, L89.892, L89.92	Pressure ulcer of lower extremity, stage II

ICD-10 Code	ICD-10 Code Description
L89.503, L89.513, L89.523, L89.603, L89.613, L89.623, L89.893, L89.93	Pressure ulcer of lower extremity, stage III
L89.504, L89.514, L89.524, L89.604, L89.614, L89.624, L89.94	Pressure ulcer of lower extremity, stage IV
L89.509, L89.519, L89.529, L89.609, L89.619, L89.629, L89.899, L89.90	Pressure ulcer of lower extremity, unspecified stage
L89.890 - L89.899	Pressure ulcer of other site
L89.90 - L89.95	Pressure ulcer of unspecified site
L97.501 - L97.529	Non-pressure chronic ulcer of other part of foot
L97.801 - L97.829	Non-pressure chronic ulcer of other part of lower leg
L98.491 - L98.499	Non-pressure chronic ulcer of skin of other sites
M25.771 - M25.776	Osteophyte, ankle and foot
M77.30 - M77.32	Calcaneal spur

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2. Failure of **at least 2 of the following** non-operative treatments:

- Orthotics/bracing
- Shoe modification
- Physical therapy
- Activity modification
- Medication

Cases of infection requiring urgent or emergent care are always allowed; thus, are **NOT** subject to the non-operative care criteria. The diagnoses of infections requiring urgent or emergent care are listed below:

ICD-10 Code	ICD-10 Code Description
A18.03	Tuberculosis of other bones
M86.071 - M86.079, M86.171 - M86.179, M86.271 - M86.279	Osteomyelitis, ankle and foot – acute hematogenous, other acute and subacute
M86.08, M86.18, M86.28	Osteomyelitis, other site – acute hematogenous, other acute and subacute

ICD-10 Code	ICD-10 Code Description
M86.09, M86.19, M86.29	Osteomyelitis, multiple sites – acute hematogenous, other acute and subacute
M86.371 - M86.379, M86.471 - M86.479, M86.571 - M86.579, M86.671 - M86.679	Chronic osteomyelitis, ankle and foot
M86.38, M86.48, M86.58, M86.68	Chronic osteomyelitis, other site
M86.39, M86.49, M86.59, M86.69	Chronic osteomyelitis, multiple sites
M86.8X0, M86.8X7 - M86.8X9	Other osteomyelitis; ankle and foot, other site, unspecified sites, multiple sites,
M86.9	Osteomyelitis, unspecified
M90.871 - M90.879	Osteopathy in diseases classified elsewhere, ankle and foot
M90.88	Osteopathy in diseases classified elsewhere, other site
M90.89	Osteopathy in diseases classified elsewhere, multiple sites

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**CPT CODES AND DESCRIPTIONS**

CPT®/Code	CPT®/ Code Description
28118	Ostectomy, calcaneus
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release

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**BACKGROUND**

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Conservative care is the first line of treatment for foot and toe deformity. However, surgery is recommended when non-operative care does not relieve pain and/or restore function.

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Ostectomy procedures entail removal of a portion of bone. These procedure codes consist of excising bony prominences or sections of bone - either partial or complete.

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Diabetes results in multiple complications involving the foot including compromised circulation. Poor circulation to the feet can cause foot ulcers and prevent timely healing of wounds and injuries in the patient with diabetes. Conservative off-loading techniques using orthotics and shoe modifications can help minimize pressure and prevent ulcers associated with deformity, however surgery may be required if non-operative measures fail to relieve pain. An ostectomy procedure to decompress foot ulcers is an effective conservative

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1 surgical option. Infections and diabetic foot infections (DFIs) typically begin in a wound,  
2 most often a neuropathic ulceration. Empiric antibiotic therapy can be targeted toward  
3 organisms most commonly involved in these infections. Patients at risk for infection with  
4 antibiotic-resistant organisms or with chronic, previously treated, or severe infections  
5 usually require broader spectrum regimens. Osteomyelitis and other infections involving  
6 bone can occur in diabetic patients and other patients with a foot wound and can be difficult  
7 to diagnose (optimally defined by bone culture and histology) and treat (often requiring  
8 surgical debridement or resection, and/or prolonged antibiotic therapy). These conditions  
9 result in an emergency situation and do not require a trial of non-operative measures.

### 10 **Plantar Heel Ulcer**

11 Multiple interventions are typically required to effectively heal a diabetic foot ulcer,  
12 including local wound management, infection management, revascularization, and  
13 pressure offloading. In a person with diabetes and a neuropathic plantar heel ulcer, knee-  
14 high offloading devices or other offloading intervention, as tolerated by the patient, may  
15 be considered for reduction of plantar pressure on the heel to promote healing of the ulcer.  
16 Surgical offloading presents an increased risk of complications for the patient, and these  
17 techniques have been traditionally used for plantar ulcers that are considered recalcitrant  
18 and hard-to-heal with non-surgical interventions. Surgical procedures are undertaken with  
19 the intention of relieving mechanical stress from a specific region of the foot and typically  
20 include Achilles tendon lengthening (ATL), metatarsal head (MTH) resection, osteotomy,  
21 arthroplasty, ostectomy, exostectomy, external fixation, flexor tendon transfer or tenotomy,  
22 and tissue fillers such as silicone or fat (Bus et al., 2020).

### 23 **Calcaneal Spur**

24 The classic heel spur is an osteophytic outgrowth projecting anteriorly from the plantar  
25 medial calcaneal tuberosity. The outgrowth usually extends the entire width of the  
26 tuberosity or approximately 2.0 or 2.5 cm. Also present in this area are the origins of the  
27 plantar fascia and intrinsic musculature of the foot. The cause of plantar heel spurs is not  
28 entirely clear. Many investigators believe that the steady pulling of the plantar fascia causes  
29 an inflammatory process at the calcaneus. This constant pulling leads to periostitis that  
30 progresses to osteogenesis. Surgical treatment should be reserved for patients for whom  
31 conservative treatment fails. Resection of a retrocalcaneal spur or calcification can be  
32 performed for those patients in which pain is directly correlated (Vyce et al., 2010).

## 33 **PRACTITIONER SCOPE AND TRAINING**

34 Practitioners should practice only in the areas in which they are competent based on their  
35 education, training, and experience. Levels of education, experience, and proficiency may  
36 vary among individual practitioners. It is ethically and legally incumbent on a practitioner  
37 to determine where they have the knowledge and skills necessary to perform such services  
38 and whether the services are within their scope of practice.

1 It is best practice for the practitioner to appropriately render services to a member only if  
 2 they are trained, equally skilled, and adequately competent to deliver a service compared  
 3 to others trained to perform the same procedure. If the service would be most competently  
 4 delivered by another health care practitioner who has more skill and training, it would be  
 5 best practice to refer the member to the more expert practitioner.

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 7 Best practice can be defined as a clinical, scientific, or professional technique, method, or  
 8 process that is typically evidence-based and consensus driven and is recognized by a  
 9 majority of professionals in a particular field as more effective at delivering a particular  
 10 outcome than any other practice (Joint Commission International Accreditation Standards  
 11 for Hospitals, 2020).

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 13 Depending on the practitioner’s scope of practice, training, and experience, a member’s  
 14 condition and/or symptoms during examination or the course of treatment may indicate the  
 15 need for referral to another practitioner or even emergency care. In such cases it is prudent  
 16 for the practitioner to refer the member for appropriate co-management (e.g., to their  
 17 primary care physician) or if immediate emergency care is warranted, to contact 911 as  
 18 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for  
 19 information.

## 20 21 **References**

22 American College of Foot and Ankle Surgeons (ACFAS) Position statement on cosmetic  
 23 surgery (2020). Retrieved on October 24, 2023 from: <https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery>

24  
 25  
 26 American Medical Association. (current year). Current Procedural Terminology (CPT)  
 27 Current year (rev. ed.). Chicago: AMA

28  
 29 American Medical Association. (current year). ICD-10-CM. American Medical  
 30 Association

31  
 32 Bus, S. A., Armstrong, D. G., Gooday, C., Jarl, G., Caravaggi, C., Viswanathan, V.,  
 33 Lazzarini, P. A., & International Working Group on the Diabetic Foot (IWGDF)  
 34 (2020). Guidelines on offloading foot ulcers in persons with diabetes (IWGDF 2019  
 35 update). *Diabetes/Metabolism Research and Reviews*, 36 Suppl 1, e3274.  
 36 <https://doi.org/10.1002/dmrr.3274>

37  
 38 Joint Commission International. (2020). Joint Commission International Accreditation  
 39 Standards for Hospitals (7th ed.): Joint Commission Resources

40  
 41 Lipsky, B. A., Berendt, A. R., Cornia, P. B., Pile, J. C., Peters, E. J., Armstrong, D. G., &  
 42 Infectious Diseases Society of America (2012). 2012 Infectious Diseases Society of

1       America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot  
2       Infections. *Clinical Infectious Diseases*, 54(12), e132-e173

3

4       Schaper, N. C., van Netten, J. J., Apelqvist, J., Bus, S. A., Hinchliffe, R. J., Lipsky, B. A.,  
5       & IWGDF Editorial Board (2020). Practical Guidelines on the prevention and  
6       management of diabetic foot disease (IWGDF 2019 update). *Diabetes/metabolism*  
7       *research and reviews*, 36 Suppl 1, e3266. <https://doi.org/10.1002/dmrr.3266>

8

9       Vyce, S. D., Addis-Thomas, E., Mathews, E. E., & Perez, S. L. (2010). Painful  
10       Prominences of the Heel. *Clinics in Podiatric Medicine and Surgery*, 27(3), 443-462