

1 **Clinical Practice Guideline: Ankle and Foot Arthrotomy**

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3 **Date of Implementation: September 17, 2015**

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5 **Product: Specialty**

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8 **GUIDELINES**

9 A. American Specialty Health – Specialty (ASH) considers services consisting of CPT®
 10 Codes 27610, 27620, and 27625 to be medically necessary, for arthrotomy of the ankle
 11 **upon meeting ALL of the following criteria:**

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13 When supported by **at least 1 of the following diagnoses:**

ICD-10 Code	ICD-10 Code Description
M12.571 - M12.579	Traumatic arthropathy, ankle and foot
M12.871 - M12.879	Other specific arthropathies, not elsewhere classified, ankle and foot
M12.9	Arthropathy, unspecified
M19.071 - M19.079	Primary osteoarthritis, ankle and foot
M24.071 - M24.073	Loose body in ankle joint(s)
M25.071 - M25.073	Hemarthrosis, ankle
M65.10, M65.171 - M65.179, M65.18 - M65.19, M65.861 - M65.869, M65.88 - M65.89, M67.371 - M67.379, M67.38 - M67.39	Other synovitis and tenosynovitis, infective (teno)synovitis, and transient synovitis of lower leg, ankle and foot, other site, and multiple sites
M65.061 - M65.079, M65.08, M67.261 - M67.279, M67.28 - M67.29, M67.871 - M67.879, M67.88 - M67.89, M71.071 - M71.079, M71.08 - M71.09, M71.871 - M71.879, M71.88 - M71.89	Abscess of tendon sheath or bursa, bursopathies, synovial hypertrophy, and other specified disorders of synovium and tendon of lower leg, ankle and foot, other site and multiple sites
M65.871 - M65.879	Other synovitis and tenosynovitis, ankle and foot

ICD-10 Code	ICD-10 Code Description
M65.9	Synovitis and tenosynovitis, unspecified
M79.5	Residual foreign body in soft tissue
M79.604 - M79.606, M79.661 - M79.669	Pain in leg
M79.89	Other specified soft tissue disorders

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AND procedure is indicated for **1 or more of the following**:

1. Evaluation and treatment of chronic pain indicated by **ALL of the following**
 - Arthroscopic procedure is not possible or sufficient
 - Clinically significant functional impairment
 - Failure of **at least 2 of the following** non-operative treatments:
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Rest/activity modification
 - Reduced weight-bearing
 - Orthosis
 - Bracing
 - Heel lift
 - Physical therapy
 - Injection of steroid or long-acting anesthetic
 - Imaging or clinical finding indicates procedure is needed for **1 or more of the following**:
 - Soft tissue impingement
 - Loose bodies
 - Synovectomy (eg, for rheumatoid arthritis or hemophilia joint disease)
 - Debridement (eg, posttraumatic arthritis, osteophyte, bone deformity)
 - Osteochondral lesions
 - Bursectomy
 - Evaluation of chronic unexplained pain and negative findings on imaging (e.g., CT scan, MRI)
2. Drainage and debridement for septic arthritis
3. Ankle instability
4. Stabilization of midfoot or hindfoot deformity

Exclusions: Ankle Arthrotomy codes (27610, 27620, and 27625) are not allowed when billed at the same time as an ankle arthroscopy code(s) on the same limb.

1 B. ASH considers services consisting of CPT® Codes 28020, 28022, and 28024 to be
 2 medically necessary, for arthrotomy of the foot **upon meeting ALL of the following**
 3 **criteria:**

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When supported by **at least 1 of the following diagnoses:**

ICD-10 Code	ICD-10 Code Description
M24.074 - M24.076	Loose body in toe joint(s)
M24.08	Loose body, other site
M79.5	Residual foreign body in soft tissue
M79.89	Other specified soft tissue disorders
M25.074 - M25.076	Hemarthrosis, foot
M12.571 - M12.579	Traumatic arthropathy, ankle and foot
M12.871 - M12.879	Other specific arthropathies, not elsewhere classified, ankle and foot
M12.9	Arthropathy, unspecified
M19.071 - M19.079	Primary osteoarthritis, ankle and foot
M20.20 - M20.22	Hallux rigidus
M65.9	Synovitis and tenosynovitis, unspecified
M65.871 - M65.879	Other synovitis and tenosynovitis, ankle and foot
M65.10, M65.171 - M65.179, M65.18 - M65.19, M65.88 - M65.89, M67.371 - M67.379, M67.38 - M67.39	Other synovitis and tenosynovitis, infective (teno)synovitis, and transient synovitis of ankle and foot, other site, and multiple sites
M65.071 - M65.079, M65.08, M67.271 - M67.279, M67.28 - M67.29, M67.871 - M67.879, M67.88 - M67.89, M71.071 - M71.079, M71.08 - M71.09, M71.871 - M71.879, M71.88 - M71.89	Abscess of tendon sheath or bursa, bursopathies, synovial hypertrophy, and other specified disorders of synovium and tendon of ankle and foot, other site and multiple sites
M79.671 - M79.676	Pain in foot and toe(s)

AND procedure is indicated for **1 or more of the following**:

Evaluation and treatment of chronic pain indicated by **ALL of the following**

- Arthroscopic procedure is not possible or sufficient
- Clinically significant functional impairment
- Failure of **at least 2 of the following** non-operative treatments:
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Rest/activity modification
 - Reduced weight-bearing
 - Orthosis
 - Bracing
 - Heel lift
 - Physical therapy
 - Injection of steroid or long-acting anesthetic
- Imaging or clinical finding indicates procedure is needed for **1 or more of the following**:
 - Soft tissue impingement
 - Loose bodies
 - Synovectomy (eg, for rheumatoid arthritis or hemophilia joint disease)
 - Debridement (eg, posttraumatic arthritis, osteophyte, bone deformity)
 - Osteochondral lesions
 - Bursectomy
 - Evaluation of chronic unexplained pain and negative findings on imaging (e.g., CT scan, MRI)
- Drainage and debridement for septic arthritis
- Ankle instability
- Stabilization of midfoot or hindfoot deformities

Exclusions: Foot Arthrotomy codes (28020, 28022, and 28024) are not allowed when billed at the same time as a foot arthroscopy code(s) on the same limb.

CPT® Codes and Descriptions

CPT® Code	CPT® Code Description
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle

CPT® Code	CPT® Code Description
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint

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BACKGROUND

CPT® codes 27610 and 27620 describe arthrotomy procedures including exploration, drainage, or removal of a foreign body from the ankle. CPT® code 27625 procedure includes arthrotomy of the ankle with removal of the synovium. CPT® codes 28020, 28022, and 28024 describe arthrotomy procedures which include exploration, drainage, or removal of a foreign body from inter/tarsometatarsal joint, metatarsophalangeal joint, or interphalangeal joint, respectively. Arthrotomy procedures are indicated if the arthroscopic procedure is not sufficient or possible based on clinical findings.

Chronic ankle pain is a common presenting complaint in foot and ankle surgery. Ankle pain can be caused by intra-articular or extra-articular pathology and may be a result of a traumatic or non-traumatic event. Conservative treatment is the first line of care for ankle pain. Operative treatment is reserved for those who have had a failure of non-operative therapy. Ankle problems that can be managed by either arthrotomy or arthroscopy surgical procedures include soft tissue and bony impingement, synovitis, loose bodies, ossicles, arthrofibrosis, ankle fractures, certain cases of infection (i.e., septic arthritis), and osteochondral defects (Kraeutler et al., 2017). A detailed patient history and physical examination, coupled with selection of the appropriate imaging modalities, are vital in making an accurate diagnosis and providing effective treatment.

Compared to arthrotomy procedures, arthroscopic evaluation and treatment only requires several small incisions in the joint capsule, limiting the degree of scarring and trauma associated with surgery, and the environment within the joint is more easily inspected by virtue of the magnification provided by the arthroscope. However, open arthrotomy may be necessary for larger lesions which require opening of the joint (Elattrache, 2007).

Refer to ASH *Ankle Arthroscopy (CPG 229 – S)* clinical practice guideline for further details on ankle arthroscopy procedures.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may

1 vary among individual practitioners. It is ethically and legally incumbent on a practitioner
 2 to determine where they have the knowledge and skills necessary to perform such services
 3 and whether the services are within their scope of practice.

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

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

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

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