



CLINICAL GUIDELINES

CMM-406: Arthroscopy: Ankle

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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CMM-406: Arthroscopy-Ankle

Definitions

- **Clinically meaningful improvement** is defined as at least 50% improvement noted on global assessment.
- **Red flags** indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy.

General Guidelines

- **ANY** of the following are considered red flag conditions for arthroscopically aided repair of the ankle (CPT® 29892):
 - ◆ Septic arthritis of the ankle joint
 - ◆ Acute osteochondral injuries
 - ◆ Talus or tibia fracture with loose cartilage or bony fragment in the joint
 - ◆ Locked joint
- There are no red flag conditions for endoscopic plantar fasciotomy.
- **ANY** of the following are considered red flag conditions for ankle arthroscopy:
 - ◆ Septic arthritis of the ankle joint
 - ◆ Acute osteochondral injuries (OCD) of the ankle joint
 - ◆ Talus, fibula, or tibia fracture with suspected loose cartilage or bony fragment in the ankle joint
 - ◆ Ankle joint dislocation
 - ◆ Locked joint
- Although imaging may often be normal, prior to ankle arthroscopy, radiographic imaging should be done to determine and rule out deformity, moderate arthritis, and/or severe arthritis. It should also be done to evaluate and confirm mild arthritis, OCD, talus fracture, ankle fracture, pilon fracture, and/or impingement, Os trigonum, or loose bodies. This radiographic imaging may include **ANY or ALL** of the following:
 - ◆ Ankle three view standing plain X-rays
 - Anteroposterior, lateral, and mortise
 - Stress views optional
 - ◆ MRI (almost always necessary to evaluate synovitis, OCD, fracture, instability/ligamentous injury, loose body, avascular necrosis)
 - ◆ Bone scan (used to determine inflammation)
 - ◆ CT scan (used to assess fractures, loose bodies, OCD)

Indications

Arthroscopically aided repair of the ankle (CPT®29892) for osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture is considered **medically necessary** when **ALL** of the following are met:

- Subjective symptoms including **ANY** of the following:
 - ◆ Painful ankle joint
 - ◆ Joint swelling
 - ◆ Soft-tissue swelling
 - ◆ Stiffness
 - ◆ Catching, locking
- Objective findings on physical examination including **ANY** of the following:
 - ◆ Tenderness
 - ◆ Limited ROM of ankle
 - ◆ Joint effusion or soft-tissue swelling
- Imaging results showing **EITHER** of the following:
 - ◆ X-ray reveals osteochondral lesion/fracture of talar dome or tibial plafond fracture
 - ◆ CT or MRI demonstrates osteochondral lesion of talar dome or tibial plafond fracture
- Less than clinically meaningful improvement with conservative treatment including **ANY** of the following for at least 6 weeks:
 - ◆ Self-care consisting of rest, ice, and/or heat
 - ◆ Activity modifications (e.g., restriction of athletic pursuits and avoidance of symptomatic motion)
 - ◆ NSAIDS
 - ◆ Brace/cast usage

Endoscopic plantar fasciotomy for recalcitrant plantar fasciitis is considered **medically necessary** when **ALL** of the following are met:

- Subjective symptoms including **ANY** of the following:
 - ◆ Chronic heel pain made worse with continued weight bearing
 - ◆ Heel pain increased with the first few steps in the morning
 - ◆ Non-radiating heel pain
- Objective findings including tenderness in the area of the medial tubercle of calcaneus
- Imaging results showing **EITHER** of the following:
 - ◆ MRI demonstrates fascial thickening and increased signal intensity in the substance of the plantar fascia
 - ◆ Ultrasound demonstrates thickened hypoechoic fascia

- Less than clinically meaningful improvement with conservative treatment including **ANY** of the following for at least 6 weeks:
 - ◆ Self-care consisting of rest, ice, and/or heat
 - ◆ Activity modifications (e.g., restriction of athletic pursuits and avoidance of symptomatic motion)
 - ◆ Physical therapy and/or exercises
 - ◆ NSAIDs
 - ◆ Use of heel padding or custom orthosis
 - ◆ Plantar fascia corticosteroid injection unless contraindicated (e.g., patient refuses corticosteroid injection, patient is diabetic, etc.)

Ankle arthroscopy is considered **medically necessary** when **ALL** of the following are met:

- Subjective symptoms including **ANY** of the following:
 - ◆ History of mechanical symptoms (e.g., locking, catching, giving way)
 - ◆ Pain in the ankle joint
 - ◆ Pain in the ankle joint that worsens with walking
 - ◆ Limited range of motion or stiffness
 - ◆ Swelling in the ankle joint
 - ◆ Swelling in the soft tissues surrounding the ankle joint
- Objective findings including any of the following:
 - ◆ Positive joint line tenderness
 - ◆ Limited range of motion compared to the contralateral ankle joint
 - ◆ Positive ankle instability during the exam with the tilt test or the anterior drawer test
 - ◆ Deformity of the ankle joint
 - ◆ Callosity or ulceration of the foot
 - ◆ Positive anterior or posterior impingement signs during the exam as evidenced by pain or limited range of motion with dorsiflexion or plantar flexion
 - ◆ Visible and palpable effusion
- Imaging results are inconclusive (refer to **CMM-406: General Guidelines** for imaging needs)
- Less than clinically meaningful improvement with conservative treatment including **ANY** of the following:
 - ◆ Any of the following for at least 6 weeks:
 - Activity modification
 - Rest, ice, and/or heat
 - NSAIDs, as allowed by allowed by medical comorbidities
 - ◆ Bracing, over the counter or custom for a minimum of 3 months
 - ◆ Walker boot for a minimum of 1-2 months

Non-Indications

- Arthroscopically aided repair of the ankle is considered **not medically necessary** when **ANY** of the following contraindications to endoscopic plantar fasciotomy is present:
 - ◆ Infection in the intraarticular or surrounding soft tissue
 - ◆ The patient is functionally unable to benefit from surgery and associated rehabilitation
 - ◆ Medical comorbidities that make surgery or anesthesia unsafe
 - ◆ Peripheral vascular disease
 - ◆ The patient is unable to comply with weight-bearing restrictions
- Endoscopic plantar fasciotomy is considered **not medically necessary** when the contraindication of infection is present.
- Elective ankle arthroscopy is considered **not medically necessary** when **ANY** of the following contraindications are present:
 - ◆ Peripheral vascular disease
 - ◆ Poor soft tissues
 - ◆ Uncontrolled medical co-morbidities
 - ◆ The patient is unable to comply with weight-bearing restrictions

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor.

CPT®	Code Description/Definition
29891	Arthroscopy, ankle, surgical microfracture
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	Endoscopic plantar fasciotomy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

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