



**PLANTAR FASCIITIS  
TREATMENTS  
HS-116**



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**Plantar Fasciitis  
Treatments**

**Policy Number: HS-116**

**Original Effective Date: 7/16/2009**

**Revised Date(s): 7/28/2010; 8/2/2011**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## BACKGROUND

Plantar fasciitis is an overuse injury resulting in inflammation of the plantar fascia, which connects the heel to the toes. It is a common cause of heel pain in adults. Symptoms usually start gradually with mild pain at the heel, pain after exercise and pain with standing first thing in the morning. On physical examination, firm pressure will elicit a tender spot over the medial tubercle of the calcaneus. Risk factors for plantar fasciitis may include: obesity, age, being female, limited dorsiflexion of the ankle joint, prolonged weight bearing, and an increase in the amount of walking or running. Heel spurs are not necessarily associated with plantar fasciitis; heel spurs may be found in asymptomatic patients. Early treatment generally results in a shorter duration of symptoms.

The mainstay of nonsurgical treatment and the standard of care for initial treatment is a program of stretching exercises, ice, activity modification, weight loss in overweight patients, recommendations for appropriate footwear, arch taping, nonsteroidal anti-inflammatory medications and shock-absorbing shoe inserts or orthoses. Prefabricated orthoses have been shown to be adequate for the majority of patients with various heel pain syndromes. Custom-molded foot orthoses are used when more conservative measures fail.

In the event early treatment fails, night splints, steroidal anti-inflammatory injections or a walking cast are the next level of the standard of care. A night dorsiflexion splint allows passive stretching of the calf and the plantar fascia during sleep. In theory, it also allows healing to occur while the plantar fascia is in an elongated position, thereby creating less tension with the first step in the morning. A night splint can be molded from plaster or fiberglass casting material or may be a prefabricated plastic brace.

### *Surgical Interventions*

Endoscopic plantar fasciotomy is a less invasive technique requiring an incision of less than one-half inch in length and utilizing an arthroscope to visualize and release the fascia. It has been proposed as an improvement over open plantar fasciotomy, resulting in less trauma and improved recovery times.

## POSITION STATEMENT

Endoscopic and open plantar fasciotomy **is considered medically necessary** if ALL of the following criteria are met:

1. Member has intractable plantar fasciitis; **AND**,
2. Pain interferes with activities of daily livings (ADLs); **AND**,
3. Imaging excludes other pathological etiologies of heel pain (i.e. arthritis, traumatic calcaneal stress fracture, bone lesions, infection); **AND**,
4. There has been a failure of six months (except where indicated) of conservative therapy which may include **ALL** of the following:
  - NSAIDS (ineffective for 4 weeks or contraindicated); **AND**,
  - Physical therapy (i.e. stretching, arch taping); **AND**,
  - Activity modification; **AND**,
  - Night splints (for more than 4 weeks); **AND**,
  - Shoe insert (including heel lift, arch support, or orthotic); **AND**,
  - Corticosteroid injection

The following treatments for the treatment of plantar fasciitis **are considered experimental and investigational**:

1. Autologous platelet injection
2. Coablation
3. Electron-generating devices

4. Cryosurgery
5. Laser therapy
6. Microwave diathermy
7. Radiotherapy
8. Stereotactic radiofrequency thermal lesioning
9. Trigger-point needling and infiltration of the proximal medial gastrocnemius muscle
10. Extracorporeal shock wave therapy

## **CODING**

### **Covered CPT® Codes**

- 28008** Fasciotomy, foot and/or toe  
**29893** Endoscopic plantar fasciotomy

### **Covered ICD-9-CM Procedure Codes**

- 83.14** Fasciotomy; Division of fascia

**HCPCS Codes** - No specific codes

### **Covered ICD-9-CM Diagnosis Codes**

- 728.71** Plantar fascial fibromatosis

\*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL. ©©

## **REFERENCES**

### **Peer Reviewed**

1. Hayes Directory. Extracorporeal Shock Wave Therapy for Chronic Plantar Fasciitis. August 22, 2005.
2. InterQual Care Planning Criteria, 2009. Plantar Facial Release, Endoscopic/Open.
3. InterQual Care Planning Criteria, 2009. Plantar Fasciitis, Extracorporeal Shock Wave Therapy (ESWT).

### **Government Agencies, Professional and Medical Organizations**

1. American College of Radiology. El-Khoury et al. Expert Panel on Musculoskeletal Imaging. Chronic foot pain. 2005.
2. Centers for Medicare and Medicaid Services (CMS), Local Coverage Determination (LCD) for Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications (L13927), National Government Services. March, 2007.
3. Plantar Fasciitis: Evidence-based Review of Diagnosis and Therapy. Cole et al, American Family Physician, 72. 2005.

## **HISTORY AND REVISIONS**

| <b>Date</b> | <b>Action</b>  |
|-------------|--|
| 12/1/2011   | <ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul> |
| 8/2/2011    | <ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>         |