



## Metatarsophalangeal Joint Replacement

LOB(s): <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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### Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

Hallux rigidus is a condition that refers to degenerative arthritis of the first metatarsophalangeal (MTP) joint and is associated with restrictions of dorsiflexion. Many conservative treatment options are successful to manage symptoms of hallux rigidus, such as NSAIDS, steroid injections, activity modification, shoe modification or orthotics. Surgical treatment may be considered when there are severe symptoms and conservative treatment options have not been effective to improve symptoms and quality of daily living.

### Criteria

#### Commercial

#### Prior authorization required

- I. PacificSource considers Hemiarthroplasty or Metatarsophalangeal Joint Replacement with silastic implants (e.g., Swanson, Primus, Sgarlato Gait, Integra, In2Bones Reference Toe System (RTS) Implant) medically necessary when **ALL** of the follow criteria is met.
  - A. Diagnosed with debilitating arthritis of the **first** metatarsal phalangeal joint (hallux rigidus)
  - B. Documented failure of 3 consecutive months of physician-directed conservative care including **ALL** of the following:
    1. Prescription strength analgesics, steroids, or NSAIDS

## 2. Activity modification or orthotics

### Medicaid

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 through 410-151-0003 for members under the age of 21. Coverage of Metatarsophalangeal Joint Replacement is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001. Guideline Note 158 may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

PacificSource Community Solutions (PCS) follows to the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 and Guideline Note 158 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services for coverage of Metatarsophalangeal Joint Replacement.

### Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

### Experimental/Investigational/Unproven

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PacificSource considers Metatarsophalangeal Joint Replacement to be experimental, investigational, or unproven for all other indications.

PacificSource considers **Second** Metatarsophalangeal Joint Replacement to be experimental, investigational, or unproven for all other indications.

PacificSource considers all other Metatarsophalangeal Joint Replacement products not listed in Section I to be experimental, investigational, or unproven for all other indications

PacificSource considers TenoTac® System to be experimental, investigational, or unproven

The following Metatarsophalangeal Joint replacement products are considered to be experimental, investigational, or unproven (not an all-inclusive list).

- Accu-Joint Hemi Implant for treatment of arthritis of the metatarsophalangeal (MTP) joint
- Bioabsorbable poly-L-D-lactic acid RegJoint inter-positional implant for treatment of hallux rigidus and arthritic hallux valgus
- Ceramic prostheses (e.g., the Moje implant) for replacement of the first metatarsal phalangeal joint and for other indications
- Interpositional arthroplasty with biologic spacers (e.g., the InterPhlex interdigital implant) and total prosthetic replacement arthroplasty using total metallic implants for hallux rigidus, degenerative arthritis, and other indications involving the metatarsal phalangeal joints
- Modular implants (e.g., the Arthrex metatarsal phalangeal joint implant, the Cartiva Synthetic Cartilage Implant, the METIS prosthesis, the OsteoMed ReFlexion 1st MTP Implant System, and the ToeFit-Plus prosthesis) for replacement of the first metatarsal phalangeal joint and for other indications
- Roto-Glide implant for treatment of avascular necrosis of the MTP joint

## Coding Information

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The following list of codes are for informational 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.

- 26536 Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
- 28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant
- 28899 Unlisted procedure, foot, or toes
- L8641 Metatarsal joint implant
- L8642 Hallux implant
- L8658 Interphalangeal joint spacer, silicone or equal, each
- L8699 Prosthetic implant, not otherwise specified

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## Definitions

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**Hallux rigidus** - Restriction or loss of range of motion of the joint caused by degenerative arthritis of the first metatarsophalangeal.

**Hallux valgus** - Deviation of the great toe (hallux) toward the midline of the foot caused by degenerative arthritis of the first metatarsophalangeal.

## References

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The Health Evidence Review Commission (HERC) Prioritized List of Health Services  
<https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410  
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

## Appendix

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**Policy Number:**

**Effective:** 1/1/2024

**Next review:** 1/1/2026

**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** OARs 410-141-3820, 410-141-3825, 410-120-1200, 410-151-0001, 410-151-0002, 410-151-0003; Guideline Note 158 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services.

**Commercial OPs:** 12/2024

**Government OPs:** 12/2024