Clinical Practice Guideline: **Removal of Foreign Body from Foot or Toe Soft Tissue**

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

Product: **Specialty**

GUIDELINES

A. American Specialty Health – Specialty (ASH) considers services consisting of CPT® Codes 10120 and 10121 medically necessary for the subcutaneous incision and removal of foreign body from the foot or toe soft tissue **upon meeting ALL of the following criteria:**
   1. For the following diagnoses:
      - Superficial foreign body, foot and toe(s), (splinter without major open wound and without mention of infection) (S90.451A - S90.456S, S90.851A - S90.859S)
      - Superficial foreign body foot and toe(s), and other specified local infections of the skin and subcutaneous tissue (splinter without major open wound, infected) (L08.89, S90.453A - S90.453S, S90.456A - S90.456S, S90.859A - S90.859S)
      - Residual foreign body in soft tissue (M79.5)
   2. Indications for foreign body removal include **at least 1 of the following**:
      - Neurovascular compromise
      - Evidence of infection
      - Cosmetic deformity
      - Functional impairment
      - Acute or chronic pain

B. ASH considers services consisting of CPT® Code 28190 medically necessary for the subcutaneous removal of foreign body from the foot or toe soft tissue **upon meeting ALL of the following criteria:**
   1. For the following diagnoses:
      - Superficial foreign body, foot and toe(s), (splinter without major open wound and without mention of infection) (S90.451A - S90.456S, S90.851A - S90.859S)
      - Superficial foreign body, foot and toe(s), and other specified local infections of the skin and subcutaneous tissue (splinter without major open wound, infected) (L08.89, S90.453A - S90.453S, S90.456A - S90.456S, S90.859A - S90.859S)
   2. Indications for foreign body removal include **at least 1 of the following**:
      - Neurovascular compromise
      - Evidence of infection
      - Cosmetic deformity

- Functional impairment
- Chronic pain

C. ASH considers services consisting of CPT® Codes 28192 and 28193 medically necessary for the removal of foreign body from the foot or toe soft tissue **upon meeting ALL of the following criteria:**
   1. For the following diagnoses:
      - Residual foreign body in soft tissue (M79.5)
   2. Indications for foreign body removal include **at least 1 of the following**:
      - Neurovascular compromise
      - Evidence of infection
      - Cosmetic deformity
      - Functional impairment
      - Chronic pain

CPT® Codes and Descriptions

CPT®Code	CPT® Code Description
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated

BACKGROUND

Patients with soft tissue wounds of the foot and toe commonly present to the physician for evaluation and treatment. Careful assessment for retained foreign bodies is essential in the evaluation of these wounds, as they may be missed on initial evaluation. Assessment should include the history/mechanism of injury, location, quality, severity, and radiation of pain; the presence of a foreign body sensation; swelling, warmth, or redness to the wound; and any neurologic symptoms.

Common materials involved in foot and toe injury are wood, shattered glass and metal. Identification of a foreign body can be difficult, depending on the type and location of the wound and the timing and mechanism of injury. Penetrating wounds can damage nerves or

blood vessels. Evaluating patient sensation and circulation is essential. Superficial foreign bodies can sometimes be palpated or visualized. Deeper foreign bodies may require additional methods to localize. Imaging is not necessary if the foreign body is adequately visible for removal or if it does not require removal.

Infection is a common complication associated with foreign bodies in the soft tissue. Risk of infection is determined by the length of time since the injury occurred, the type of foreign body, whether the wound was clean or dirty, footwear, and the patient's health status (Belin & Carrington, 2012). Deeper injuries that may include joint spaces, tendons, or bone increase the risk of infection. A study of traumatic lacerations found the risk of infection to be higher in older patients and those with diabetes, and in wounds that were longer, wider, deeper, jagged, with visible contamination, or with a foreign body (Halaas, 2007).

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

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

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

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

References

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