



June 10, 2021

Donna Pickett, MPH, RHIA
Co-Chair, ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Re: ICD-10-CM code for progressive collapsing foot deformity, sent electronically to nhsicd10CM@cdc.gov

Dear Ms. Pickett:

On behalf of the members of the American Podiatric Medical Association (APMA), the American College of Foot and Ankle Surgeons (ACFAS), and the American Society of Podiatric Surgeons (ASPS), we ask you to consider this request for the following modifications to the ICD-10-CM database to accommodate reporting of progressive collapsing foot deformity.

There is currently no ICD-10-CM code to represent progressive collapsing foot deformity as it is defined in peer-reviewed literature. This request will first explain progressive collapsing foot deformity using clinical references and peer-reviewed literature, then detail we request that appropriate ICD-10-CM coding be established, and finally suggest new ICD-10-CM codes that are consistent with the current structures and conventions of the Classification.

Traditionally, when a patient experiences progressive flattening of the arch of the foot, it has been referred to as adult acquired flatfoot deformity¹. In some cases, this pathology may be referred to as pes planus². Since the establishment of these terms, the medical community has enjoyed the introduction of new imaging modalities, new research, more clinical experience, and new literature related this pathology, all of which, considered together, makes it clear that the terms “adult acquired flatfoot deformity” and “pes planus” do not adequately represent the different forms of the pathology they are intended to represent⁵. Furthermore, clinicians now know there are many different forms of this pathology and these now-antiquated terms do not provide adequate opportunity to identify pathology to its greatest specificity.

¹Deland JT, Arnoczky SP, Thompson FM. Adult acquired flatfoot deformity at the talonavicular joint: reconstruction of the spring ligament in an in vitro model. *Foot Ankle*. 1992 Jul-Aug;13(6):327-32. doi: 10.1177/107110079201300606. PMID: 1398361.

²von Volkman R. Ubersehenes und Verkanntes am anatomischen Substrat der Senkfussentstehung. Eine Funktionsanalyse [Overlooked and unappreciated anatomical facts with regard to the development of pes planus]. *Z Orthop Ihre Grenzgeb*. 1975 Apr;113(2):229-36. German. PMID: 1136553.

Realizing the need for more accurate and specific phraseology to describe a common pathology, a workgroup was convened in 2019 to address this unmet need³. The workgroup consisted of 9 clinicians, each of whom had a minimum of 10 peer-reviewed publications in impactful journals relating to progressive flattening of the arch of the foot. These clinicians came from different parts of the United States as well as different countries. This workgroup was not funded or supported by industry in any way and all participants paid for their own travel and expenses.

The workgroup concluded that none of “adult acquired flatfoot deformity”, “flatfoot”, nor “pes planus” adequately represent the pathology they intend to represent and lack the specificity needed to adequately document common conditions. It was concluded that the word “adult” used in “adult acquired flatfoot deformity” is problematic because this condition may impact younger patients, not considered adults, without a history of a congenital foot disorder. It was also noted that the term “flatfoot” should be avoided when describing this pathology as flat feet are often not pathologic, whereas progressive collapsing of the arch is pathologic. Furthermore, this old nomenclature did not provide the opportunity to identify whether the apex of the deformity is in the midfoot, hindfoot, or ankle, an important distinction when diagnosing this pathology and considering treatment options⁵. The consensus group advocated for use of the term “progressive collapsing foot deformity.”

The term “progressive collapsing foot deformity“ has been widely accepted, evidenced by the fact it already appears in 16 National Library of Medicine PubMed.gov⁴ search results at the time of the writing of this request in May 2021, a startling number given the term was just introduced in October 2020. At the same time the consensus group advocated for the use of “progressive collapsing foot deformity“, it also proposed a new classification system which has been widely accepted. Differentiating between flexible and rigid progressive collapsing foot deformity is an important component of accurate documentation, epidemiology, and treatment planning, to name a few reasons. The classification system now being used⁵ is illustrated below:

³de Cesar Netto C, Deland JT, Ellis SJ. Guest Editorial: Expert Consensus on Adult-Acquired Flatfoot Deformity. Foot Ankle Int. 2020 Oct;41(10):1269-1271. doi: 10.1177/1071100720950715. Epub 2020 Sep 1. PMID: 32870716.

⁴ <https://pubmed.ncbi.nlm.nih.gov>

⁵ Myerson MS, Thordarson DB, Johnson JE, Hintermann B, Sangeorzan BJ, Deland JT, Schon LC, Ellis SJ, de Cesar Netto C. Classification and Nomenclature: Progressive Collapsing Foot Deformity. Foot Ankle Int. 2020 Oct;41(10):1271-1276. doi: 10.1177/1071100720950722. Epub 2020 Aug 28. PMID: 32856474.

Stage of the deformity

Stage I (flexible)

Stage II (rigid)

Types of deformity (classes – isolated or combined)

	Deformity type/location	Consistent clinical/radiographic findings
Class A	Hindfoot valgus deformity	Hindfoot valgus alignment Increased hindfoot moment arm, hindfoot alignment ankle, foot and ankle offset
Class B	Midfoot/forefoot abduction deformity	Decreased talar head coverage Increased talonavicular coverage ankle Presence of sinus tarsi impingement
Class C	Forefoot varus deformity/medial column	Increased talus-first metatarsal angle Plantar gapping first TMT joint/NC joints Clinical forefoot varus
Class D	Peritalar subluxation/dislocation	Significant subtalar joint subluxation/subfibular impingement
Class E	Ankle instability	Valgus tilting of the ankle joint

Abbreviations: NC = naviculocuneiform; TMT = tarsometatarsal

One of the important functions that ICD-10-CM serves is to allow for classification of diagnoses and reasons for medical encounters⁶. The current ICD-10-CM code set does not allow for the appropriate reporting of progressive collapsing foot deformity. ICD-10-CM also plays a role in conducting research, setting health policy, epidemiology studies, clinical trials, monitoring resource utilization, improving clinical performance, tracking public health, designing healthcare delivery systems, and measuring the quality, safety, and efficacy of care⁷. In its current state, the ICD-10-CM code set does not allow for any of these benefits to be applied to progressive collapsing foot deformity.

⁶ ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 – Updated January 1, 2021

⁷ CMS Basic Introduction to ICD-10-CM

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Given this hole in the current ICD-10-CM code set, we suggest the following modifications be made:

- M21.4 Flat foot [pes planus] (acquired)
 - Excludes 1: congenital pes planus (Q66.5-)*
 - Add *progressive collapsing foot deformity, flexible (M21.63-)*
 - Add *progressive collapsing foot deformity, rigid (M21.64-)*
 - M21.40 Flat foot [pes planus] (acquired), unspecified foot
 - M21.41 Flat foot [pes planus] (acquired), right foot
 - M21.42 Flat foot [pes planus] (acquired), left foot

- M21.6 Other acquired deformities of foot
 - Excludes 2: deformities of toe (acquired) (M20.1-M20.6-)*
 - M21.61 Bunion
 - M21.611 Bunion of right foot
 - M21.612 Bunion of left foot
 - M21.619 Bunion of unspecified foot
 - M21.62 Bunionette
 - M21.621 Bunionette of right foot
 - M21.622 Bunionette of left foot
 - M21.629 Bunionette of unspecified foot
 - New code M21.63 Progressive collapsing foot deformity, flexible
 - Add *Excludes 1: congenital pes planus (Q66.5-)*
 - Add *flat foot [pes planus] (acquired) (M21.4-)*
 - New code M21.631 Progressive collapsing foot deformity, flexible, right foot
 - New code M21.632 Progressive collapsing foot deformity, flexible, left foot
 - New code M21.639 Progressive collapsing foot deformity, flexible, unspecified foot
 - New code M21.64 Progressive collapsing foot deformity, rigid
 - Add *Excludes 1: congenital pes planus (Q66.5-)*
 - Add *flat foot [pes planus] (acquired) (M21.4-)*
 - New code M21.641 Progressive collapsing foot deformity, rigid, right foot
 - New code M21.642 Progressive collapsing foot deformity, rigid, left foot
 - New code M21.649 Progressive collapsing foot deformity, rigid, unspecified foot
 - M21.6X Other acquired deformities of foot
 - M21.6X1 Other acquired deformities of right foot
 - M21.6X2 Other acquired deformities of left foot
 - M21.6X9 Other acquired deformities of unspecified foot

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Thank you for considering this request. We welcome the opportunity to discuss this further. If you need additional information, please contact APMA's Director of Health Policy and Practice, Scott L Haag, JD, MSPH at slhaag@apma.org or (301) 581-9233.

Sincerely,

A handwritten signature in black ink, appearing to read "J. DeSantis". The signature is fluid and cursive, with a large initial "J" and a long horizontal stroke at the end.

Jeffrey R. DeSantis, DPM
President, APMA

Cc:

Thanh Dinh, DPM, FACFAS
President, ACFAS

Ashleigh Korves, DPM, FASPS
Chairman, ASPA