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Heel Pain – Plantar Fasciitis: Revision 2023

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This article is part of an ongoing series of articles that are intended to provide quantifiable, measurable information for payer organizations. The American Physical Therapy Association (APTA) has sought to quantify the value of physical therapy and justify a course of treatment to third-party payers. However, there has been little information regarding the anticipated duration of care, visit number, and expected outcomes for orthpoaedic disorders commonly seen by physical therapists. The goal of this "Perspective for Payers" was to provide this information for **M72.2 Plantar fascial fibromatosis/Plantar fasciitis**. This code was identified in the most recent clinical practice guideline and the subsequent updates as the primary diagnostic code used in billing and reimbursement for Heel Pain – Plantar Fascitis.[1]

WHAT WE DID

We queried a database from an outpatient provider with 900+ clinics in 24 states. Using the **M72.2 Plantar fascial fibromatosis/Plantar fasciitis** code, we isolated 11 145 records. We removed all surgical cases and those with missing Foot and Ankle Ability Measure – Activities of Daily Living subscale (FAAM-ADL) data. This left 10 545 (95%) records for analysis. **TABLE 1** provides a demographic breakdown of the data by quartile, lower 25%, middle 50%, and higher 25%. **TABLE 2** provides a summary of the length of episode for each quartile in terms of visits and days from initial evaluation to discharge. In addition to the episode length, we reported the initial FAAM, discharge FAAM, and change in FAAM.

WHAT WE FOUND

The sample population skewed female and had a mean age of 52.8 years. The median length of episode was 43 days, with an interquartile range of 35 days. A high proportion (81.6%) of patients completed their episode of care in 12 to 13 visits with an average duration of 57 days. The average FAAM-ADL score at discharge was 78.1, suggesting that a substantial number of patients were discharged without achieving 100% function.

WHAT THIS MEANS

This analysis represents a primary investigation of a large database, aiming to establish evidence-based parameters for payers to assess the quality and duration of care provided to people with Achilles tendinopathy. These results provide valuable insights for payers transitioning to episodic care or value-based payment models, aiding in developing appropriate reimbursement structures and performance metrics.

Perspective for Payers: Our findings suggest that a standard course of care, consisting of approximately *12 to 13 physical therapy visits*, can facilitate recovery within a timeframe of approximately *60 days*. Based on the evidence provided in the clinical practice guideline, payers can expect to see the following *Current Procedural Terminology* (CPT) codes when billing for services: **97033 (Iontophoresis)**, **97110 (Therapeutic Exercise)**, **97140 (Manual Therapy)**, **97161/97162/97163 (Low/Moderate/High Complexity Evaluation)**, **97164 (Re-evaluation of Physical Therapy Established Plan of Care)**, **97530 (Therapeutic Activity)**, **97535 (Self-care/Home Management Training)**, **0552T (Low-level laser therapy)**, **20560 (Needle insertions without injection; 1 or 2 muscles)**, and **20561 (Needle insertions without injection; 3 or more muscles).**

TABLE 1
Demographics

Quartile	Count	Sample Percentage	Age (Mean)	Comorbidities (Mean)	Episode Length in Days (Mean)	Female Sex (%)
25%	3060	29.0%	54.7	1.0	25.8	2152 (70.3%)
50%	5544	28.6%	52.5	1.2	48.5	3948 (71.3%)
25%	1941	18.4%	50.5	1.4	99.7	1406 (72.4%)
Grand total	10 545	100%	52.8	1.2	51.0	7506 (71.2%)

TABLE 2
Outcomes

Quartile	Visits (Mean)	Episode Length in Days (Mean)	Initial FAAM	Discharge FAAM	FAAM Change (Mean)
25%	7	25.8	67	79	12.9
50%	11	48.5	64	78	14.6
25%	19	99.7	61	76	15.3
Grand total	11.5	51.0	63.9	78.1	14.2

Abbreviation: FAAM, Foot and Ankle Ability Measure.

REFERENCE

1. Koc TAJ, Bise CG, Neville C, Carreira D, Martin RL, McDonough CM. Heel pain – plantar fasciitis: revision 2023. *J Orthop Sports Phys Ther.* 2023;53:CPG1–CPG39. https://doi.org/10.2519/jospt.2023.0303