

Progressive Collapsing Foot Deformity (PCFD) ICD-10-CM Request

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Guest Editorial: Expert Consensus on Adult-Acquired Flatfoot Deformity

- Adult-acquired flatfoot deformity (AAFD) represents a pathology in orthopedic foot and ankle surgery commonly seen, yet in many different forms.
- Experience has grown over the years thanks to the research and clinical experience and great insights of authors from all over the world.
- However, with the onset of new surgical techniques, technology, and imaging modalities, the understanding of the details of this complex pathology has grown exponentially.
- Despite these advances, it is often confusing not only when to decide to operate but also which procedures to perform, how much correction to achieve, and even what to call the condition itself.

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- With that background in mind, we embarked upon a project starting at the beginning of 2019 to bring together a group of experts to help collectively answer some of the doubts we have and potentially resolve some of the differences in opinion many have about treating AAFD.
- The rationale to bring a group together was to share and build from a collective larger number of years of experience from experts around the country and world.
- The workgroup consisted of 9 clinicians, each of whom had a minimum of 10 peer-reviewed publications in impactful journals relating to progressive collapsing foot deformity.
- This workgroup was not funded or supported by industry in any way and all participants paid for their own travel and expenses.

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- The literature also lacks a more formal and uniform agreement on terminology and clinical and surgical algorithms. In addition, literature reviews are limited by the nature of their study design, and it can take years to advance the field in this fashion.
- We therefore sought to **guide ourselves and colleagues in a more immediate fashion**. We also followed the precedent set by our colleagues to form consensus group statements in the area of ankle cartilage injuries and musculoskeletal infection.

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- As noted above, the consensus group advocated for the use of the term progressive collapsing foot deformity (PCFD) instead of adult-acquired flatfoot deformity (AAFD) for various reasons. The workgroup concluded that current terminology of “adult acquired flatfoot deformity”, “flatfoot”, nor “pes planus” adequately represented the pathology.
- Taking the word adult out allows us to include younger patients without a history of congenital foot disorder or coalition in the treatment algorithm for this pathology.
- The term progressive describes the natural history of the disorder.
- We have favored collapsing over flatfoot since many patients with a flat arch do not have pathology or pain.
- The use of foot deformity denotes that this is not just routine foot care but rather a true pathology. It is only when the “arch” progresses on to collapse that it becomes a problem.

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- 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 options
- The term “progressive collapsing foot deformity” has been widely accepted, evidenced by the fact it already appears in 29 National Library of Medicine PubMed.gov search results as of the end of August 2021, a startling number given the term was just introduced in October 2020.
- At the same time the consensus group also proposed a new classification system which has been widely accepted, replacing decades old classification systems described by Johnson and Strom 1989, and Bluman et al. 2007.
- The new classification system provides a more detailed, comprehensive description of all of the deformity elements, guides proper evaluation, and aligns an evidence-based approach to treatment for each component of the deformity.

Table 3. Consensus Group Classification of Progressive Collapsing Foot Deformity.

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 angle, foot and ankle offset
Class B	Midfoot/forefoot abduction deformity	Decreased talar head coverage Increased talonavicular coverage angle Presence of sinus tarsi impingement
Class C	Forefoot varus deformity/medial column instability	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.

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- 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 care.
- 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.

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Questions?