Authorization criteria: Hammertoe correction surgery

For Blue Care Network HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members
For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code(s): *28160, *28285, *28286


All of the following must be met:

1. BOTH of the following:
   a. Pain or skin irritation at proximal interphalangeal (PIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
   b. Flexion deformity at PIP joint

2. At least ONE of the following imaging findings:
   a. Deformity at PIP joint
   b. Joint subluxation
   c. Joint space narrowing

3. Treatment including wearing well-fitted footwear with wide toes and low heels for at least 12 weeks

4. Treatment including at least ONE of the following:
   a. Appropriate nonsteroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated or not tolerated)
   b. Protective padding in shoes for at least 12 weeks
   c. Surgical debridement of associated corns, calluses
   d. Corticosteroid injections
   e. Foot orthotics (corrective splinting) for at least 12 weeks

5. Continued pain or skin irritation after the treatment provided above

References
McKesson’s InterQual® 2017 Procedures Adult Criteria, Arthrodesis, PIP Joint, Second-Fourth Toes.
McKesson’s InterQual® 2017 Procedures Adult Criteria, Arthroplasty, PIP Joint, Second-Fifth Toes.

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