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Authorization criteria: Hammertoe correction surgery

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

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

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

ICD-10 codes: M12.271 - M12.279, M20.40 - M20.42, M20.5x1 - M20.62, M24.571 - M24.576, M24.671 - M24.676, M65.871 - M65.879, M67.00 - M67.02, M77.50 - M77.52, M77.9, Q66.7, Q74.2, S92.521x - S92.529x, S93.121x - S93.129x.

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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Current authorization criteria effective date: March 2018