

Preview questionnaire: Hammertoe correction surgery

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

Hammertoe correction surgery

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable procedure codes: *28160, *28285, *28286

Applicable diagnosis 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.

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See below for the questions you'll encounter for this procedure in the e-referral system.

- 1.*The Hammertoe Correction Surgery Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Hammertoe Correction Surgery

Answering the question(s) below will provide additional information needed to process your request.

Q Does the patient have BOTH 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) AND flexion deformity at PIP joint?

A

Possible answers: Yes No

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have AT LEAST ONE of the following imaging findings? Deformity at PIP joint. Joint subluxation. Joint space narrowing.

A

Possible answers: Yes No

Q Did the patient's treatment include wearing well-fitted footwear with wide toes and low heels for at least 12 weeks?

A

Possible answers: Yes No

Q Has the patient been treated with AT LEAST ONE of the following? Appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated or not tolerated). Protective padding in shoes for at least 12 weeks. Surgical debridement of associated corns, calluses. Corticosteroid injections. Foot orthotics (corrective splinting) for at least 12 weeks.

A

Possible answers: Yes No

Q Does the patient have continued pain or skin irritation after the treatment provided above?

A

Possible answers: Yes No