



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Preview questionnaire: Hammertoe correction surgery

For Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members

Effective Jan. 22, 2020

Hammertoe correction surgery

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

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

Applicable diagnosis codes: E64.3, G57.60-G57.63, L97.501-L97.592, 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, Q66.89, Q74.2, S92.521x-S92.526x, S93.121x-S93.129x

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

Q Does the patient have BOTH of the following (A-B)? A. Either 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

A

Possible answers: Yes No

Q Does the patient have AT LEAST ONE of the following imaging findings (A-C)? A. Deformity at PIP joint B. Joint subluxation C. Joint space narrowing

A

Possible answers: Yes No

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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 (A-E)? 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

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