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# Authorization criteria: Hammertoe correction surgery

For Medicare Plus Blue<sup>SM</sup>,  
Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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

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

ICD-10 codes: E64.3, G57.60, G57.61, G57.62, G57.63, L97.501, L97.502, L97.503, L97.504, L97.505, L97.506, L97.508, L97.509, L97.51, L97.511, L97.512, L97.513, L97.514, L97.515, L97.516, L97.518, L97.519, L97.52, L97.521, L97.522, L97.523, L97.524, L97.525, L97.526, L97.528, L97.529, M20.40, M20.41, M20.42, M12.271, M12.272, M12.279, M20.5X1, M20.5X2, M20.5X9, M20.6, M20.60, M20.61, M20.62, M24.571, M24.572, M24.573, M24.574, M24.575, M24.576, M24.671, M24.672, M24.673, M24.674, M24.675, M24.676, M65.871, M65.872, M65.879, M67.00, M67.01, M67.02, M77.50, M77.51, M77.52, M77.9, Q66.7, Q66.89, Q74.2, S92.521, S92.521A, S92.521B, S92.521D, S92.521G, S92.521K, S92.521P, S92.521S, S92.522, S92.522A, S92.522B, S92.522D, S92.522G, S92.522K, S92.522P, S92.522S, S92.523, S92.523A, S92.523B, S92.523D, S92.523G, S92.523K, S92.523P, S92.523S, S92.524, S92.524A, S92.524B, S92.524D, S92.524G, S92.524K, S92.524P, S92.524S, S92.525, S92.525A, S92.525B, S92.525D, S92.525G, S92.525K, S92.525P, S92.525S, S92.526, S92.526A, S92.526B, S92.526D, S92.526G, S92.526K, S92.526P, S92.526S, S93.121, S93.121A, S93.121D, S93.121S, S93.122, S93.122A, S93.122D, S93.122S, S93.123, S93.123A, S93.123D, S93.123S, S93.124, S93.124A, S93.124D, S93.124S, S93.125, S93.125A, S93.125D, S93.125S, S93.126, S93.126A, S93.126D, S93.126S, S93.129, S93.129A, S93.129D, S93.129S

## Claw toe, proximal interphalangeal (PIP) joint

All of the following must be met:

1. Pain or skin breakdown at proximal interphalangeal (PIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
2. All of the following:
  - a. Distal interphalangeal (DIP) joint plantar flexed
  - b. Metatarsophalangeal (MTP) joint dorsiflexed
  - c. Proximal interphalangeal (PIP) joint plantar flexed
  - d. Nonreducible deformity at proximal interphalangeal (PIP) joint
3. At least ONE of the following imaging findings:
  - a. Flexion deformity at proximal interphalangeal (PIP) joint
  - b. Joint subluxation or dislocation
  - c. Joint space narrowing
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
  - b. Protective padding in shoes for at least 12 weeks
  - c. Surgical debridement or callus trimming
  - d. Corticosteroid injections
  - e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## Clinodactyly, distal interphalangeal (DIP) joint

All of the following must be met:

1. Pain or skin breakdown at distal interphalangeal (DIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
2. BOTH of the following:
  - a. Nonreducible lateral or medial deformity at distal interphalangeal (DIP) joint
  - b. Lateral or medial deformity at distal interphalangeal (DIP) joint by physical examination
3. At least ONE of the following imaging findings:
  - a. Joint subluxation or dislocation of the distal interphalangeal (DIP) joint
  - b. Joint space narrowing
  - c. Lateral or medial deformity at distal interphalangeal (DIP) joint
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
  - b. Protective padding in shoes for at least 12 weeks
  - c. Surgical debridement or callus trimming
  - d. Corticosteroid injections
  - e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## Hammertoe, proximal interphalangeal (PIP) joint

All of the following must be met:

1. Pain or skin breakdown at proximal interphalangeal (PIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
2. All of the following:
  - a. Flexion deformity at proximal interphalangeal (PIP) joint by physical examination
  - b. Metatarsophalangeal (MTP) joint normal or dorsiflexed
  - c. Nonreducible deformity at proximal interphalangeal (PIP) joint
3. At least ONE of the following imaging findings:
  - a. Flexion deformity at proximal interphalangeal (PIP) joint
  - b. Joint subluxation or dislocation
  - c. Joint space narrowing
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
  - b. Protective padding in shoes for at least 12 weeks
  - c. Surgical debridement or callus trimming

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- d. Corticosteroid injections
- e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## **Mallet toe, distal interphalangeal (DIP) joint**

All of the following must be met:

1. Pain or skin breakdown at distal interphalangeal (DIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
2. Both of the following:
  - a. Flexion deformity at distal interphalangeal (DIP) joint by physical examination
  - b. Nonreducible deformity at distal interphalangeal (DIP) joint
3. At least ONE of the following imaging findings:
  - a. Joint subluxation or dislocation
  - b. Joint space narrowing
  - c. Flexion deformity at distal interphalangeal (DIP) joint
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
  - b. Protective padding in shoes for at least 12 weeks
  - c. Surgical debridement or callus trimming
  - d. Corticosteroid injections
  - e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## **Salvage procedure (post arthroplasty), proximal interphalangeal (PIP) joint**

All of the following must be met:

1. Deformity after prior arthroplasty and at least ONE of the following:
  - a. Recurrence of hammertoe or claw toe
  - b. Varus or valgus deformity at proximal interphalangeal (PIP) joint
2. Both of the following:
  - a. Pain or skin breakdown at proximal interphalangeal (PIP) joint by physical examination
  - b. Flexion deformity at proximal interphalangeal (PIP) joint by physical examination
3. At least ONE of the following imaging findings:
  - a. Flexion deformity at proximal interphalangeal (PIP) joint
  - b. Joint subluxation or dislocation
  - c. Joint space narrowing
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:

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- a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
- b. Protective padding in shoes for at least 12 weeks
- c. Surgical debridement or callus trimming
- d. Corticosteroid injections
- e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## Varus or valgus deformity, proximal interphalangeal (PIP) joint

All of the following must be met:

1. Pain or skin breakdown at proximal interphalangeal (PIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)
2. At least ONE of the following:
  - a. Nonreducible deformity at proximal interphalangeal (PIP) joint
  - b. Rotational or positional deformity of fifth toe
3. At least ONE of the following imaging findings:
  - a. Joint subluxation or dislocation
  - b. Joint space narrowing
4. Treatment including wearing well-fitted footwear with wide box toes and low heels for at least 12 weeks
5. Treatment within the last year including at least ONE of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
  - b. Protective padding in shoes for at least 12 weeks
  - c. Surgical debridement or callus trimming
  - d. Corticosteroid injections
  - e. Foot orthotics (corrective splinting) for at least 12 weeks
6. Continued pain or skin irritation after the treatment provided above

## References

Change Healthcare's InterQual<sup>®</sup> 2022 Procedures Adult Criteria, Arthrodesis or Arthroplasty, Interphalangeal Joint, Second-Fifth Toes