

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: *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 claw toe in the proximal interphalangeal (PIP) joint AND ALL of the following (A-D)? 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. Note: MUST select N/A if the patient does not have claw toe deformity.

A

Possible answers: Yes No

Q Does the patient have clinodactyly in the distal interphalangeal (DIP) joint with BOTH a nonreducible lateral or medial deformity at the DIP joint AND lateral or medial deformity the (DIP) joint by physical examination AND ONE of the following findings (A-C)? 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. Note: MUST select N/A if the patient does not have clinodactyly deformity.

A

Possible answers: Yes No

Preview questionnaire Hammertoe correction surgery

For Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

Effective June 27, 2021

Q Does the patient have hammertoe deformity in the proximal interphalangeal (PIP) joint AND ALL of the following findings (A-C)? 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. Note: MUST select N/A if the patient does not have hammertoe deformity.

A

Possible answers: Yes No

Q Does the patient have mallet toe deformity in the distal interphalangeal (DIP) joint AND BOTH of the following findings (A-B)? A. Flexion deformity at distal interphalangeal (DIP) joint by physical examination. B. Nonreducible deformity at distal interphalangeal (DIP) joint. Note: MUST select N/A if the patient does not have mallet toe deformity.

A

Possible answers: Yes No

Q Does the patient have a RECURRENCE of hammertoe or claw toe; OR varus or valgus deformity at proximal interphalangeal (PIP) joint after a prior arthroplasty with BOTH (A-B): A. Pain or skin breakdown at proximal interphalangeal (PIP) joint by physical examination. B. Flexion deformity at proximal interphalangeal (PIP) joint by physical examination. Note: MUST select N/A if the patient does not have recurrence of a deformity.

A

Possible answers: Yes No

Q Does the patient have a varus or valgus deformity in the proximal interphalangeal (PIP) joint AND EITHER (A-B)? A. A nonreducible deformity at proximal interphalangeal (PIP) joint. B. A rotational or positional deformity of fifth toe and one of the following imaging findings. Note: MUST select N/A if the patient does not have varus or valgus deformity.

A

Possible answers: Yes No

Q Does the patient have either pain or skin irritation at proximal interphalangeal (PIP) or distal interphalangeal (DIP) joint that interferes with activities of daily living (for example, difficulty walking, impeding ability to work, shop, manage at home)?

A

Possible answers: Yes No

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Q Does the patient have AT LEAST ONE of the following imaging findings (A-C)? A. Flexion deformity at proximal interphalangeal (PIP) or distal interphalangeal (DIP) joint. B. Joint subluxation or dislocation. C. 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 Does the patient have continued pain or skin irritation after treatment within the last year 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 or callus trimming. D. Corticosteroid injections. E. Foot orthotics (corrective splinting) for at least 12 weeks.

A

Possible answers: Yes No