

Hammer Toe Surgical Treatments



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1121

Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs or LCDs for hammer toe surgical treatments.

Description

Deformities of the lesser (2 through 5) toes are generally known as hammer toe, claw toe and mallet toe. Hammer toe refers to an abnormal flexion posture at the proximal interphalangeal (PIP) joint of one or more of the lesser four toes. The most commonly affected toe is the second, although multiple toes can be involved. If the flexion contracture is severe and of long duration, associated hyperextension of the metatarsophalangeal (MTP) joint and extension of the distal interphalangeal (DIP) joint may occur. Hammer toes are classified as either flexible (passively correctable) or rigid (not passively correctable to the neutral position). In claw toe, there is hyperextension of the proximal phalanx on the MTP joint and plantar flexion of the PIP and DIP joints. Mallet toes demonstrate a flexion contracture of the DIP joint only. As all of these are similar in their etiology and treatment, this policy pertains to all three deformities.

Surgical procedures utilized for the correction of hammer toe include, but may not be limited to, amputation for severe deformity, arthrodesis, arthroplasty, flexor to extensor tendon transfer, partial or total phalangectomy or tenotomy. Kirschner wires may be used as fixation devices for arthrodesis and arthroplasty.

Implants have been developed to stabilize the PIP joint, purportedly to promote fusion. Such implants are not universally accepted and are exceedingly difficult to remove should the surgery fail. Their removal could lead to substantial bone loss, making subsequent revision procedures challenging.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

[Hammer Toe Surgical Treatments](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	
28899	Unlisted procedure, foot or toes	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
L8641	Metatarsal joint implant	

Change Summary

- 01/01/2024 New Policy.