Hammer Toe Surgical Treatments

Medicare Advantage Medical Coverage Policy

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Disclaimer
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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.

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HCPCS Code(s)

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Change Summary

- 01/01/2024 New Policy.