# **Hammertoe Surgical Treatments**

# Humana

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# **Medical Coverage Policy**

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### **Related Medical/Pharmacy Coverage Policies**

#### **Bunion and Bunionette 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).<sup>4</sup> 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.<sup>7</sup> 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.<sup>4</sup> (Refer to Coverage Limitations section).

#### **Coverage Determination**

Humana members may be eligible under the Plan for **hammer toe surgical treatment** when the following criteria are met:

- <u>Radiographic</u>\* confirmation of hammer toe deformity; **AND**
- 18 years of age or older or documentation of <u>skeletal maturity</u>\*\*; AND
- Documentation of persistent pain and difficulty walking despite at least 3 months of conservative treatment under the direction of a healthcare professional with **ALL** of the following:
  - Alternative or modified footwear; AND
  - Corticosteroid injections if medically appropriate and not contraindicated. Steroid injections should be avoided 3 months prior to planned hammer toe surgery; AND
  - Foot orthotics, any of the following:
    - Protective cushions/pads
    - Shoe inserts (generally excluded by certificate); AND
  - Nonsteroidal anti-inflammatory drugs (NSAIDS) or oral analgesics if medically appropriate and not contraindicated; AND
  - Taping;

**AND** any of the following:

- Adventitious bursa on the hammertoe; OR
- Ankyloses of the PIP and/or DIP joints; OR
- Interdigital neuroma caused by the deformity; OR
- Lateral MTP capsular tear caused by the deformity; OR
- Subluxation or dislocation of the MTP joint caused by the deformity; OR
- Synovitis/capsulitis of the MTP joint; **OR**

• Ulceration caused by the deformity

\*Radiographic confirmation must include interpretation of anterior/posterior and lateral views of the affected foot.

\*\*Skeletally mature refers to a system of fused skeletal bones which occurs when bone growth ceases.

Humana members may be eligible under the Plan for **repeat hammer toe surgical treatment** following failure of a previous surgical procedure.

#### **Coverage Limitations**

Humana members may **NOT** be eligible under the Plan for **hammer toe surgical treatment** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for a **joint fixation implant or replacement (eg, InterPhlex hammertoe system, OSSIOfiber hammertoe fixation implant, Smart Toe II device, StayFuse device, ToeGrip device)**. This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

#### **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	Not Covered if used to report any treatment outlined in Coverage Limitations section		
CPT <sup>®</sup> Category III Code(s)	Description	Comments		
No code(s) identified				
HCPCS Code(s)	Description	Comments		

L8641	Metatarsal joint implant	Not Covered if used to	
		report any treatment	
		outlined in Coverage	
			Limitations section

#### References

- 1. American College of Foot and Ankle Surgeons (ACFAS). ACFAS position statement on cosmetic surgery. <u>https://www.acfas.org</u>. Published February 2004. Updated February 2020.
- American College of Foot and Ankle Surgeons (ACFAS). Clinical Practice Guideline (ARCHIVED). Diagnosis and treatment of forefoot disorders. <u>https://www.acfas.org</u>. Published March/April 2009.
- 3. American Orthopedic Foot and Ankle Society (AOFAS). Position Statement. Cosmetic foot and ankle surgery. <u>https://www.aofas.org</u>. Published May 5, 2015. Updated October 12, 2021.
- 4. ClinicalKey. Montero DP, Shi GG. Hammer toe. In: Frontera WR, Silver JK, Rizzo TD. *Essentials of Physical Medicine and Rehabilitation: Musculoskeletal Disorders, Pain, and Rehabilitation.* 4<sup>th</sup> ed. Elsevier; 2019:486-489. <u>https://www.clinicalkey.com</u>.
- 5. ClinicalKey. Murphy GA. Lesser toe abnormalities. In: Azar, F, Beaty JH. *Campbell's Operative Orthopaedics*. 14<sup>th</sup> ed. Elsevier; 2021:4227-4283.e3. <u>https://www.clinicalkey.com</u>.
- 6. ECRI Institute. Clinical Evidence Assessment. Ossiofiber (Ossio Ltd.) for hammertoe correction. https://www.ecri.org. Published March 27, 2023.
- 7. ECRI Institute. Hotline Response (ARCHIVED). Fixation devices and joint replacement implants for treating hammertoe. <u>https://www.ecri.org</u>. Published October 12, 2015. Updated August 10, 2018.
- 8. UpToDate, Inc. Evaluation and diagnosis of common causes of forefoot pain in adults. <u>https://www.uptodate.com</u>. Updated December 2023.

#### **Change Summary**

- 02/29/2024 Annual Review, Coverage Change.