



## **Forefoot Deformities**

*Clinical Guidelines for Medical Necessity Review*

**Version:** V3.0  
**Effective Date:** December 29, 2022

# Important Notices

## Notices & Disclaimers:

### **GUIDELINES SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION MAKING OF END USERS.**

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine the medical necessity of services (the "**Guidelines**") for informational purposes only and solely for use by Cohere's authorized "**End Users.**" These Guidelines (and any attachments or linked third party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision-making of any kind; their sole purpose and intended use are to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice.

©2022 Cohere Health, Inc. All Rights Reserved.

---

## Other Notices:

CPT copyright 2019 American Medical Association. All rights reserved.  
CPT is a registered trademark of the American Medical Association.

---

## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System (M00-M99)

**Care Path Group:** Foot

**Care Path Name:** Forefoot Deformities

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

**Physician author:** Brian Covino, MD (Orthopedic Surgeon, Knee/Hip & Total Joint Replacement)

**Peer reviewed by:** Kurt Hofmann, MD (Orthopedic Foot & Ankle Surgery Specialist), Carmella Fernandez, MD (Orthopedic Surgeon, hand, wrist and elbow), Traci Granston, MD (Orthopedic Surgeon)

**Literature review current through:** December 29, 2022

**Document last updated:** December 29, 2022

## **Table of Contents**

<b>Important Notices</b>	<b>2</b>
Care Path Clinical Discussion	3
Key Information	5
Definitions	5
<b>Care Path Diagnostic Criteria</b>	<b>5</b>
Disease Classification	5
ICD-10 Codes Associated with Classification	5
Presentation and Etiology	6
Causes and Risk Factors	6
Clinical Presentation 1,2	6
Typical Physical Exam Findings	6
Typical Diagnostic Findings	8
<b>Care Path Services &amp; Medical Necessity Criteria</b>	<b>8</b>
Conservative Therapy	8
Service: Physical Therapy	8
General Guidelines	8
Medical Necessity Criteria	8
Indications	8
Non-Indications	9
Site of Service Criteria	9
Procedure Codes (HCPCS/CPT)	9
*Default codes for suggested services	15
Surgical Management	16
Service: Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment	16
General Guidelines	16
Medical Necessity Criteria	16
Indications	16
Non-Indications	17
Site of Service Criteria	17
Procedure Codes (HCPCS/CPT)	17
Surgical Risk Factors	17
Post-Operative Care	21
Service: Physical Therapy	21
General Guidelines	21
Medical Necessity Criteria	21
Indications	21

Non-Indications	21
Site of Service Criteria	21
Procedure Codes (HCPCS/CPT)	21
*Default codes for suggested services	1
<b>References</b>	<b>1</b>
<b>Clinical Guideline Revision History/Information</b>	<b>1</b>

## **Care Path Clinical Discussion**

**Hammertoe** is a foot deformity that occurs at the joint of one or more of the small toes, which pushes the tip of the toe downward.<sup>1</sup> In this condition, the metatarsophalangeal (MTP) joint flexes upwards, and the proximal interphalangeal (PIP) joint flexes downward. The deformity consists of an extension contracture at the metatarsophalangeal joint (MTPJ), flexion contracture at the proximal interphalangeal joint (PIPJ), and hyperextension at the distal interphalangeal joint (DIPJ). As a result, the toe bends at the middle joint, resembling a hammer.<sup>2</sup> Left untreated, hammertoes usually get progressively worse, become fixed at the joint, and require surgical correction.

**Claw foot or claw toe** deformity exhibits extension contracture at the MTPJ and flexion contracture at the PIPJ and the DIPJ. Claw toe is a deformity of the foot that results from ill-fitting footwear. It can also occur in individuals with nerve damage to the feet from diseases such as diabetes, neurologic conditions, and alcoholism.<sup>3</sup>

**Mallet Toe** deformity consists of a flexion contracture at the DIPJ. Callosities on the tip of the toe and pressure on the nail are associated with this deformity.<sup>4</sup>

Conservative treatment may consist of anti-inflammatory or pain management, topical medications, taping, orthotics, modifications to footwear, injections, or debridement of callous lesions.

Indications for surgical treatment include:

- ankylosis of the IP joints,
- subluxation of the MTP joint, painful neuroma formation,
- chronic bursitis or synovitis, and
- ulceration over the apex of the deformity.

Surgical treatment may consist of arthrodesis, arthroplasty, amputation, or tendon release/transfer.

*The information contained herein gives a general overview of the pathway of this specific diagnosis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that the care of patients can be complex. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, history, etc.) should be considered.*

## **Key Information**

- Hammertoe
  - Occurs more frequently in women<sup>5</sup>
  - Individuals with a longer second toe compared to the great toe are more at risk of developing a hammertoe
  - Commonly develops in the second toe<sup>1</sup>
  - Can be categorized as flexible or rigid<sup>1</sup>
- Claw Toe
  - Shoes that squeeze the toes and nerve damage can both cause claw toes<sup>3</sup>
- Mallet Toe
  - Often attributed to tight shoes<sup>4</sup>
  - Can also be caused by an injury

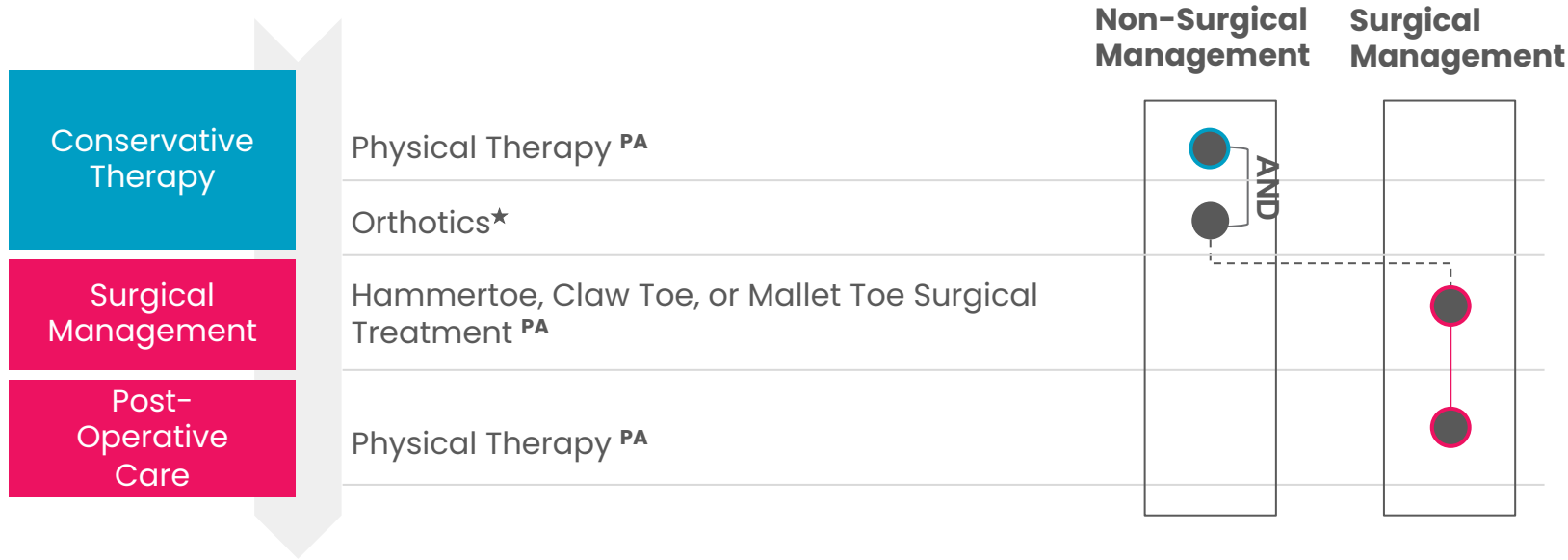
## **Definitions**

- **Metatarsophalangeal (MTP)** – the joint between the heads of the metatarsal bones of the foot and the proximal phalanges of the toes.
- **Proximal interphalangeal joint (PIP)** – the joint between the proximal and middle phalanges.
- **Distal interphalangeal joint (DIP)** – the joint between the middle and distal phalanges

# Forefoot Deformities

## What is a "Cohere Care Path"?

These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



**Key**

- <sup>PA</sup> = Service may require prior authorization
- \* = Denotes preferred service
- AND = Services completed concurrently
- OR = Services generally mutually exclusive
- = Non-surgical management prior authorization group of services
- = Surgical management prior authorization group of services
- - - = Subsequent service
- - - = Management path moves to a different management path

# Care Path Diagnostic Criteria

## Disease Classification

Hammertoe, Claw Toe, Mallet Toe

### ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M20.4	Other hammer toe(s) (acquired)
M20.40	Other hammer toe(s) (acquired), unspecified foot
M20.41	Other hammer toe(s) (acquired), right foot
M20.42	Other hammer toe(s) (acquired), left foot
M21.53	Acquired clawfoot
M21.531	Acquired clawfoot, right foot
M21.532	Acquired clawfoot, left foot
M21.539	Acquired clawfoot, unspecified foot
M25.570	Pain in ankle and joints of foot
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M79.670	Pain in foot
M79.671	Pain in right foot
M79.672	Pain in left foot



## **Presentation and Etiology**

### ***Causes and Risk Factors***

Shoe wear, foot structure, trauma, and certain diseases can lead to a hammertoe deformity.<sup>1</sup> The condition may be more likely in patients whose second toe is longer than their big toe.

### ***Clinical Presentation*** <sup>1,2</sup>

- Pain
- Difficulty walking
- The toe bends downwards or appears clawlike
- Balance may be affected

### ***Typical Physical Exam Findings***

- Inability to flex or wiggle toes
- Callosities on toe
- Crossing over of lesser toes

### ***Typical Diagnostic Findings***

The treating physician may use the physical exam findings to diagnose. Radiographs may help to determine the disease severity.

# Care Path Services & Medical Necessity Criteria

## Conservative Therapy

**Service: Physical Therapy**

### General Guidelines

- **Units, Frequency, & Duration:** Insufficient evidence available to support specific recommendations regarding timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan but should not have fully obtained all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

### Medical Necessity Criteria

#### Indications

→ **Physical therapy** is considered appropriate if **ALL** of the following are

**TRUE:**

- ◆ The patient experiences pain.
- ◆ The patient has difficulty walking.
- ◆ The patient's balance is affected.

#### Non-Indications

None.

### Site of Service Criteria

Outpatient

### Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs

97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures

97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15

	minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and

	<p>trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes</p>
--	--

	<p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, 15 minutes</p> <p>Subsequent prosthetic training of lower extremity and trunk, each 15 minutes</p>
97799	Unlisted physical medicine/rehabilitation service or procedure

420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

\*Default codes for suggested services



# Surgical Management

## ***Service: Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment***

### General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach<sup>6</sup>:** Surgery may be appropriate for a hammertoe, claw toe, or mallet toe deformity that is not alleviated by conservative management. Surgical treatment may consist of arthrodesis, arthroplasty, amputation or tendon release/transfer.
- **Exclusions:** None.

### Medical Necessity Criteria

#### Indications

→ **Hammertoe, claw toe, or mallet toe surgical treatment with or without fusion** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
- ◆ The patient has failed to show significant improvement in pain or disability due to symptoms despite treatment with **ANY** of the following<sup>6</sup>:
  - Taping, padding, or splinting the toe.
  - Shoe modifications.
  - Anti-inflammatory medications.
  - Corticosteroid injections.
  - Debridement of callus.
- ◆ Radiographic confirmation of a hammertoe, claw toe, or mallet toe deformity.
- ◆ The patient has **ANY** of the following:
  - Bursitis.
  - Ankylosis of PIP or DIP.
  - Interdigital neuroma from the deformity.
  - Lateral MTP capsular tear caused by the deformity.
  - Subluxation or dislocation of the MTP joint from the deformity.
  - MTP plantar plate tear.

- Synovitis/capsulitis of the MTP joint.
- Ulceration at the apex of the deformity.

### Non-Indications

- **Hammertoe, claw toe, or mallet toe surgical treatment with or without fusion** is not considered appropriate if **ANY** of the following is **TRUE**:
- ◆ There is poor circulation.
  - ◆ The patient has an active infection.

### Site of Service Criteria

Outpatient

### Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
28285	Correction of toe joint deformity
28313	Reconstruction of soft tissue angular deformity of toe
27690	Transplant of tendon and muscle rerouting at lower leg or ankle
28232	Incision to lengthen toe tendon, open procedure
28010	Tenotomy of toe tendon, accessed through the skin
28899	Unlisted procedure of foot and toes.
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe

# Surgical Risk Factors

## Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist

<b>3- Intermediate Risk</b>	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
<b>3- Intermediate Risk</b>	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
<b>3- Intermediate Risk</b>	History of venous thromboembolism (VTE)			
<b>3- Intermediate Risk</b>	Well-controlled obstructive sleep apnea			
<b>3- Intermediate Risk</b>	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm <sup>3</sup> BMI <18		Preoperative consultation with nutritionist
<b>3- Intermediate Risk</b>	Active tobacco Use			Enroll patient in smoking cessation program
<b>4- High Risk</b>	Diabetes mellitus with complications	HbA1c >8%		
<b>4- High Risk</b>	Age	76	85	
<b>4- High Risk</b>	Oxygen dependent pulmonary disease			
<b>4- High Risk</b>	Sickle cell anemia			
<b>4- High Risk</b>	Obesity	BMI 40		
<b>4- High Risk</b>	Cirrhosis, history of hepatic decompensation or variceal bleeding			

<b>4- High Risk</b>	Impaired cognition; dementia			
<b>4- High Risk</b>	Compensated CHF			
<b>4- High Risk</b>	Cerebrovascular disease			
<b>4- High Risk</b>	Uncontrolled or suspected obstructive sleep apnea (OSA)			
<b>4- High Risk</b>	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
<b>4- High Risk</b>	Opioid dependence			
<b>4- High Risk</b>	End Stage Liver Disease			
<b>4- High Risk</b>	Uncontrolled Seizure Disorder			
<b>4- High Risk</b>	History of Malignant Hyperthermia			
<b>5- Very High Risk</b>	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
<b>5- Very High Risk</b>	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
<b>5- Very High Risk</b>	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
<b>5- Very High Risk</b>	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
<b>5- Very High Risk</b>	Obesity		BMI >50	
<b>5- Very High Risk</b>	Age		>85	

<b>5- Very High Risk</b>	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
<b>5- Very High Risk</b>	Renal failure requiring dialysis			
<b>5- Very High Risk</b>	Immunosuppression			
<b>5- Very High Risk</b>	Chronic Pain			

## Post-Operative Care

**Service: Physical Therapy**

### General Guidelines

- **Units, Frequency, & Duration:** Insufficient evidence available to support specific recommendations regarding timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests<sup>7</sup>:** The patient should be making progress towards goals in a physical therapy plan but has not fully obtained all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

### Medical Necessity Criteria

#### Indications

→ **Physical therapy** is considered appropriate if **ALL** of the following are

**TRUE:**

- ◆ The patient experiences pain.
- ◆ The patient has difficulty walking.
- ◆ The patient's balance is affected.

#### Non-Indications

None.

### Site of Service Criteria

Performed as outpatient service.

### Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath

97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care,



	high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes

97761	<p>Initial prosthetic training of lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of lower extremity, each 15 minutes</p> <p>Initial prosthetic training of upper and lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremity, each 15 minutes</p>
97763	<p>Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity and</p>

	<p>trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower</p>
--	--

	<p>extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15</p>
--	---

	minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

\*Default codes for suggested services

## References

1. Hammer Toe - OrthoInfo - AAOS. Orthoinfo.aaos.org. <https://orthoinfo.aaos.org/en/diseases--conditions/hammer-toe>. Accessed July 23, 2020.
2. Hammertoe - Foot Health Facts. Foothealthfacts.org. <https://www.foothealthfacts.org/conditions/hammertoe>. Published 2020. Accessed July 23, 2020.
3. Claw Toe - OrthoInfo - AAOS. Orthoinfo.aaos.org. <https://orthoinfo.aaos.org/en/diseases--conditions/claw-toe>. Accessed July 29, 2020.
4. Malhotra K, Davda K, Singh D. The pathology and management of lesser toe deformities. *EFORT Open Rev.* 2016;1(11):409-419. doi:10.1302/2058-5241.1.160017
5. Şaylı U, Altunok EÇ, Güven M, Akman B, Biros J, Şaylı A. Prevalence estimation and familial tendency of common forefoot deformities in Turkey: A survey of 2662 adults. *Acta Orthop Traumatol Turc.* 2018;52(3):167-173. doi:10.1016/j.aott.2018.01.003
6. Clinical Practice Guideline Forefoot Disorders Panel, Thomas JL, Blich EL 4th, et al. Diagnosis and treatment of forefoot disorders. Section I: digital deformities. *J Foot Ankle Surg.* 2009;48(3):418.e1-418.e4189.
7. American Physical Therapy Association. Standards of Practice for Physical Therapy. APATA.org. Published 2020.

# Clinical Guideline Revision History/Information

Original Date: September 28, 2020	
<b>Review History</b>	
October 13, 2021 (V.2)	<b>Reviewing Physician:</b> Dr. Kurt Hofmann <b>Approving Physician:</b> Dr. Brian Covino
December 29, 2022 (V.3)	<b>Reviewing Physician:</b> Dr. Kurt Hofmann <b>Approving Physician:</b> Dr. Traci Granston