Cohere Medicare Advantage Policy - Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment with or without Fusion

Clinical Guidelines for Medical Necessity Review

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Important Notices

Notices & Disclaimers:

GUIDELINES ARE 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 is 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. This policy may be superseded by existing and applicable Centers for Medicare & Medicaid Services (CMS) statutes.

Other Notices:

Guideline Information:

Specialty Area: Disorders of the Musculoskeletal System
Guideline Name: Cohere Medicare Advantage Policy - Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment with or without Fusion

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Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment with or without Fusion

Benefit Category

Not applicable

Recommended Clinical Approach

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. Surgical repair for cosmetic purposes only is not recommended.[1-3]

Evaluation of Clinical Benefits and Potential Harms

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of hammertoe, claw toe, or mallet toe surgical treatment. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Inadequate management of toe deformities, leading to complications such as progression of the deformity, worsening pain, and reduced mobility. Untreated mallet toe deformities can lead to painful corns and calluses.
- Risks with inappropriate surgical procedures include infection, bleeding, injury to neurovascular structures, anesthetic risk and need for repeat or additional procedures due to hardware failure, malunion or nonunion. Dang and Couglin report on a review of the literature with only 86% of patients satisfied with the results from their mallet toe surgery.[6] Those that are unhappy reported dissatisfaction with toe misalignment which occurred 15% of the time.

- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Improved patient outcomes by ensuring timely and appropriate access to surgical treatments for managing various toe deformities. Shirzad et al report good outcomes with distal interphalangeal (DIP) joint resection, arthroplasty or fusion with 97% of patients reporting satisfactory pain relief.[2]
- Reduction in complications and adverse effects from unnecessary procedures. Dang and Couglin report ongoing problems with diagnosis and treatment of mallet toe and hammer toe.[6] This may be due to varied etiologies causing these problems. They favor conservative care most of the time.
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

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** of the following clinical presentations or positive findings:
  - Pain; **OR**

        - Difficulty walking; **OR**
        - The toe bends downwards or appears clawlike; **OR**
        - Balance may be affected; **OR**
        - Inability to flex or wiggle toes; **OR**
        - Callosities on toe; **OR**
        - Crossing over of lesser toes; **AND**
    - The patient has **ANY** of the following[5]:
        - Bursitis; **OR**
        - Ankylosis of PIP or DIP; **OR**
        - Interdigital neuroma from the deformity; **OR**
        - Lateral MTP capsular tear caused by the deformity; **OR**
        - Subluxation or dislocation of the MTP joint from the deformity; **OR**
        - MTP plantar plate tear; **OR**
        - Synovitis/capsulitis of the MTP joint; **OR**
        - Ulceration at the apex of the deformity; **AND**
    - Failure of conservative management (e.g., shoe modification, splinting, padding, rest, analgesics, physical therapy, oral or injectable corticosteroids) must be documented for a period of greater than 3 months. Documentation should include detailed evidence of the measures taken, rather than solely a physician's statement; **AND**
    - Radiographic confirmation of hammertoe or mallet toe deformity[3].

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 that could affect surgical healing; **OR**
    - The patient has an active, uncontrolled infection (does not apply to chronic infections that are managed).

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
28010	Tenotomy of toe tendon, accessed through the skin
28232	Incision to lengthen toe tendon, open procedure
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic closure
28308	Osteotomy, with or without lengthening, shortening, or angular correction, metatarsal; other than first metatarsal
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction of soft tissue angular deformity of toe
28899	Unlisted procedure of foot and toes.

Medical Evidence

Thomas et al. (2009) developed a Clinical Practice Guideline for the American College of Foot and Ankle Surgeons for diagnosis and treatment of forefoot disorders: digital deformities. The guideline consists of multiple pathways which include digital deformities, central metatarsalgia, Morton's neuroma, tailor's bunion and trauma. They state that trauma may be an etiology of digital deformity; however, congenital or acquired deformities are more common. Examinations are generally performed sitting or standing, and gait analysis is stated to be beneficial. Regarding clinical maneuvers, the push-up test is effective at determining whether the deformity can be reduced. The metaphalangeal joint drawer test assists in confirming sagittal and transverse instability and potential for plantar plate pathology.[1]

Shirzad and colleagues performed a systematic review of the literature in 2011 regarding lesser toe deformities. The group stated that in mallet toe, good results had been reported with distal interphalangeal (DIP) joint resection arthroplasty or fusion with a 72% fusion rate in one study of 50 patients with 97% of patients reporting satisfactory pain relief. Flexor digitorum longus (FDL) tendon transfer study patients reported 90% satisfaction in correction of MTP joint instability or subluxation. Other studies in this area reported complete correction of subluxation in only 54% of patients, and in the largest published series of FDL tendon transfers, 34 of 38 patients were satisfied with the procedure. In proximal interphalangeal resection arthroplasty, fusion rates of 81 to 100% were reported, with additional studies reporting high success rates.[2]

Mizel and Yodlowski (1995) discuss disorders of the lesser metatarsophalangeal joints including, claw toe, hammer toe, plantar keratosis, Freiberg's infraction and cock-up fifth toe. Claw toe often results from hyperextension at the metatarsophalangeal joint with flexion deformities at the interphalangeal joints. Along with hammer toe, these conditions are usually acquired and progressive, often involving multiple toes. Freiberg's infraction patients present with pain at the metatarsophalangeal (MTP) joint that is usually exacerbated by activity. Magnetic resonance imaging results often appear as suspected avascular necrosis.[3]

References

1. Thomas JL, Blitch EL, Chaney DM, et al. Diagnosis and treatment of forefoot disorders. Section 1: digital deformities. *J Foot Ankle Surg*. 2009;48(3):418.e1-418.e4189.
2. Shirzad, Khalid MD; Kiesau, Carter D. MD; DeOrio, James K. MD; Parekh, Selene G. MD, MBA. Lesser Toe Deformities. American Academy of Orthopaedic Surgeon 19(8):p 505-514, August 2011.
3. American College of Foot and Ankle Surgeons (ACFAS). ACFAS position statement on cosmetic surgery. https://www.acfas.org. Published February 2004. Updated February 2020.
4. Murphy GA. Lesser toe abnormalities. In: Azar, F, Beaty JH. Campbell's Operative Orthopaedics. 14th ed. Elsevier; 2021:4227-4283.e3.
5. Mizel MS, Yodlowski, ML. Disorders of the Lesser Metatarsophalangeal Joints. Journal of the American Academy of Orthopaedic Surgeons 3(3):p 166-173, May 1995.
6. Dang DY, Coughlin MJ. Mallet Toes, Hammertoes, Neuromas, and Metatarsophalangeal Joint Instability: 40 Years of Development in Forefoot Surgery. Indian J Orthop. 2020 Jan 15;54(1):3-13. doi: 10.1007/s43465-019-00015-3. PMID: 32211125; PMCID: PMC7065734.

Clinical Guideline Revision History/Information

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