



Cohere Medical Policy – Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment (With or Without Fusion)

Clinical Policy for Medical Necessity Review

Version: 3

Cohere Health UMC Approval Date: July 24, 2025

Last Annual Review: July 24, 2025

Revision: Not Applicable

Next Annual Review: July 24, 2026

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.

© 2025 Cohere Health, Inc. All Rights Reserved.

Other Notices:

HCPCS® and CPT® copyright 2025 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

HCPCS and CPT are registered trademarks of the American Medical Association.

Policy Information:

Specialty Area: Musculoskeletal Care

Policy Name: Cohere Medical Policy - Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment with or without Fusion

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

Table of Contents

Important Notices	2
Medical Necessity Criteria	4
Service: Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment (With or Without Fusion)	4
Description	5
Medical Necessity Criteria	5
Indications	5
Non-Indications	6
Level of Care Criteria	7
Procedure Codes (CPT/HCPCS)	7
Medical Evidence	8
References	10
Policy Revision History/Information	12

Medical Necessity Criteria

Service: Hammertoe, Claw Toe, or Mallet Toe Surgical Treatment (With or Without Fusion)

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched procedure, laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
 - The medical necessity of each individual request
 - Why prior imaging or procedures were inconclusive, or why additional/follow-up studies are needed
 - How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.

Description

Surgical treatment can be used to treat hammertoe, claw toe, mallet toe, or other congenital deformities that are not alleviated by conservative management. Options include tenotomy, tenotomy of toe tendon, incision to lengthen the toe tendon, interphalangeal fusion, partial or total phalangectomy osteotomy, or reconstruction.¹⁻⁵

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**^{3,4,6-8}:

- The patient has **ANY** of the following clinical presentations or positive findings due to deformity:
 - Toe pain, swelling, or redness^{2,5}; **OR**
 - Difficulty with balance or walking^{2,5}; **OR**
 - The toe(s) appear clawlike, bend downward, or cross over²; **OR**
 - Callosities on toe⁵; **AND**
- The patient has **ANY** of the following conditions²:
 - Ankylosis of the proximal interphalangeal (PIP) joint or the distal interphalangeal (DIP) joint; **OR**
 - Deformity complications (e.g., adventitious bursa, ulceration, interdigital neuroma, or nail conditions); **OR**
 - Subluxation or dislocation, metatarsophalangeal (MTP) synovitis or MTP plantar plate, or lateral MTP capsular tear caused by the deformity; **OR**
 - Presence of co-existing or causative conditions (e.g., tendon contracture) that need repair; **AND**
- **ANY** of the following:
 - Failure of conservative management for greater than 3 months, including **ALL** of the following¹⁻⁴:
 - Shoe modification; **AND**
 - Splinting or padding; **AND**
 - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
 - Physical therapy or a physician-directed home exercise program; **AND**
 - **ANY** of the following:

- Corticosteroid injection if medically appropriate; **OR**
- Documentation that corticosteroid injection is contraindicated;
OR
- The patient is symptomatic with severe deformity, and the medical record clearly states why further conservative treatment is not warranted⁸; **AND**
- Radiographic confirmation of hammertoe, claw toe, 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**:

- The patient has poor circulation that could affect surgical healing¹⁰; **OR**
- The patient has an active, uncontrolled infection (does not apply to chronic infections that are managed)¹⁰; **OR**
- The patient has poorly controlled diabetes mellitus (DM).¹¹

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

Morcos et al. (2024) created a treatment algorithm in addition to a systematic literature review for pediatric congenital curly toe. The stepwise treatment algorithm aims to guide both surgical and nonsurgical interventions to enhance clinical decision-making and improve patient outcomes. The authors suggest that asymptomatic children with congenital curly toe should undergo conservative treatment, such as stretching, taping, and shoe modification, whereas surgery should be considered for symptomatic patients with nail/skin changes and severe deformity.⁸

Bobrov et al. (2024) performed a prospective cohort study to evaluate surgical procedures in patients with severe instability of lesser metatarsal joints as well as to analyze the efficacy of the combined triple Weil osteotomy and plantar plate repair. The 113 patients (117 feet) were assigned to groups – the first group had Weil osteotomy with plantar plate repair, while the second group had combined Weil osteotomy and proximal interphalangeal joint K-wire arthrodesis. Group 1 demonstrated improved American Orthopedic Foot and Ankle Society (AOFAS) scores, reduced pain, and eliminated hyperkeratosis in 84.7% of study participants. Group 2 also demonstrated an improvement of 52.4%. The authors concluded that Weil osteotomy with plantar plate repair demonstrated greater results.¹²

de Jesús et al. (2024) conducted a systematic review on surgical procedures for claw toe deformity to improve foot mechanics. Kinematic evaluation methods were also explored. Sixteen articles were reviewed that related to arthrodesis of the proximal and distal interphalangeal joints; plantar plate tenodesis and release of collateral ligaments; tendon transfer; flexor digitorum brevis tenotomy and a proximal interphalangeal joint arthrolysis; and partial phalanx osteotomy to treat claw toe deformity. Only one article evaluated foot kinematics and plantar pressure after surgery. The authors note that toe deformities remain a problem for patients after surgical procedures; therefore, additional studies are needed that focus on postoperative effects, including kinematic evaluations and structural mechanics of the foot (e.g., stability, plantar pressure distribution, foot mechanics, gait, etc.).¹³

Baker et al. (2022) performed a systematic review and meta-analysis on treating lesser metatarsophalangeal (MTP) joint instability with plantar plate repair. While there are several surgical options, a direct dorsal approach to repair the plantar plate is preferred. Twelve studies that included 537 plantar plate tears were analyzed with respect to postoperative Visual Analogue Scale (VAS) pain and AOFAS scores. At 2-year follow-up, patients who underwent a direct dorsal approach reported improved pain levels. The authors noted that research with long-term comparison groups is needed to address successful patient outcomes further.¹⁴

References

1. Shirzad K, Kiesau CD, DeOrion JK, et al. Lesser toe deformities. *J Am Acad Orthop Surg*. 2011 Aug;19(8):505-14. doi:10.5435/00124635-201108000-00006
2. Murphy GA. Lesser toe abnormalities. In: Azar, F, Beatty JH. Campbell's Operative Orthopaedics. 14th ed. Elsevier; 2021:4227-4283.e3
3. American College of Foot and Ankle Surgeons (ACFAS). ACFAS position statement on cosmetic surgery. Updated February 2020. <https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery>
4. American Orthopaedic Foot and Ankle Society (AOFAS). Position statement: Cosmetic foot and ankle surgery. Updated October 12, 2021. <https://www.aofas.org/docs/default-source/research-and-policy/position-statements/position-statement-cosmetic-foot-and-ankle-surgery.pdf>
5. American Academy of Orthopaedic Surgeons (AAOS). Diseases and conditions: Hammer toe - comprehensive guide. Updated September 2024. <https://orthoinfo.aaos.org/en/diseases--conditions/hammer-toe>
6. Thomas JL, Blitch EL. Clinical Practice Guideline Forefoot Disorders Panel, et al. Diagnosis and treatment of forefoot disorders - section 1: Digital deformities. *J Foot Ankle Surg*. 2009 Mar-Apr;48(2):230-8. doi:10.1053/j.jfas.2008.12.003. Erratum in: *J Foot Ankle Surg*. 2009 May-Jun;48(3):418. PMID: 19232978
7. Rampal V, Giuliano F. Forefoot malformations, deformities and other congenital defects in children. *Orthop Traumatol Surg Res*. 2020;106(1S):S115-S123. doi:10.1016/j.otsr.2019.03.021
8. Morcos MM, Paek S, Ting C, Mo M, Hogue GD. Congenital curly toes in the pediatric population: A management algorithm and systematic review. *J Am Acad Orthop Surg Glob Res Rev*. 2024;8(11):e24.00267. Published 2024 Nov 19. doi:10.5435/JAAOSGlobal-D-24-00267
9. Jastifer JR, Coughlin MJ. Metatarsophalangeal joint instability of the lesser toes: Review and surgical technique. *SA Orthop J*. 2014;13(2). <https://scielo.org.za/pdf/saoj/v13n2/04.pdf>

10. Manz WJ, Bariteau JT. Complications of lesser toe surgery: How to avoid them before surgery and how to assess and treat them when they have occurred. *Foot Ankle Clin.* 2022;27(2):233–251. doi:10.1016/j.fcl.2021.11.021
11. Wukich DK, Crim BE, Frykberg RG, et al. Neuropathy and poorly controlled diabetes increase the rate of surgical site infection after foot and ankle surgery. *J Bone Joint Surg Am.* 2014 May 21;96(10):832–9. doi:10.2106/JBJS.L.01302
12. Bobrov DS, Rigin NV, Lychagin AV, Artemov KD, Slinjakov LJ, Kachesov AV. Surgical Treatment of Metatarsalgia and Severe Instability of Lesser Metatarsophalangeal Joints. *J Foot Ankle Surg.* 2024;63(1):85–91. doi:10.1053/j.jfas.2023.09.003
13. de Jesús Mayagoitia-Vázquez J, López-López D, Miguel-Andrés I, et al. A systematic review of the claw toe deformity: What is known and what is needed apart from surgical procedures. *Int Wound J.* 2024;21(10):e70073. doi:10.1111/iwj.70073
14. Baker JR, Albright R, Jameson R, et al. Treatment of lesser metatarsophalangeal joint instability with plantar plate repair: A systematic review and meta-analysis. *J Foot Ankle Surg.* 2022;61(5):1114–1118. doi:10.1053/j.jfas.2022.02.002

Policy Revision History/Information

Original Date: April 12, 2024		
Review History		
Version 2	09/20/2024	Updated language regarding conservative treatment.
Version 3	07/24/2025	Annual review. Restructured the order of the indications to better align with review approach. Consolidated indications for the "clinical presentations" section. Consolidated indications for the "conditions" section, specifically, "Deformity complications (e.g., adventitious bursa, ulceration, interdigital neuroma, or nail conditions)." Added indication, "Ankylosis of distal interphalangeal (DIP) joint." Added indication, "Presence of co-existing or causative conditions (e.g., tendon contracture) that need repair." Added references to support surgical interventions for pediatric and adolescent populations. Clarified non-indication for poor circulation, "Poor circulation that could affect surgical healing," and added a reference to support. Added non-indication, "Poorly controlled diabetes mellitus (DM)." Literature review - Description and Medical Evidence sections updated.