

Subject: Hammer Toe Surgery
Number: 0305

Effective Date: 3/15/2007

INSTRUCTIONS FOR USE

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Hammer toe surgery is considered medically necessary when BOTH of the following criteria are met:

- confirmed diagnosis of hammer toe deformity with ANY of the following signs/symptoms attributable to the hammer toe deformity:
 - difficulty walking
 - significant and persistent pain
 - ulceration at an area of pressure

- signs/symptoms that are unresponsive to at least six months of conservative treatment, including ALL of the following:
 - padding
 - oral analgesics or anti-inflammatory medications
 - appropriate footwear
 - splinting

Hammer toe surgery performed for the sole purpose of improving appearance of the foot is considered not medically necessary.

General Background

Hammer toe is the term often used to denote any toe with a dorsal contracture. While hammer toe is the most common of the lesser toe deformities (i.e., toes 2–5), it is one of several conditions that are included in this group.

Lesser Toe Deformities

A hammer toe deformity, which is a flexion contracture of the proximal interphalangeal joint, may also include an extensor contracture of the metatarsophalangeal joint. The deformity may be either fixed and rigid or flexible in which case it is passively correctable to the neutral position. This is the most common of the lesser toe deformities. Women are most commonly affected, and the incidence increases with age. Generally, this condition is present in one or two toes and not all the toes. The most commonly affected toe is the second toe. The main factors contributing to hammer toe deformity include long-term use of poorly fitting shoes. Crowding of the toes within a tight toe box may be a cause of this deformity. It may

be associated with other medical conditions, such as diabetes or connective tissue disorders. A hallux valgus deformity can be a factor in development of hammer toe by placing pressure on the second toe.

A claw toe is an extension contracture of the metatarsophalangeal joint and flexion contracture of the proximal interphalangeal joint, with additional flexion contraction of the distal interphalangeal joint. This condition is frequently caused by neuromuscular diseases and is often present in all toes.

A mallet toe is a single flexion contraction at the distal interphalangeal joint, with pressure being placed on the tip of the toe. This deformity occurs less frequently than a hammer toe deformity.

A fixed hammer toe deformity of the fifth toe can include a cock-up deformity, which includes dorsiflexion of the metatarsophalangeal joint and flexion of the interphalangeal and distal interphalangeal joint.

With all of these conditions, pressure is applied on the dorsal digital surface from shoes and on distal toe surfaces directly. The chief symptom is pain. Painful digital keratoses may develop. An ulcer may also form. Contracted toes can lie over or under other toes, and painful corns can develop between the toes.

Conservative Treatment

In all of these conditions, initial treatment is conservative in nature. Initial treatment is often self-directed and may include: wider, lower-heeled shoes; bunion pads; ice; over-the-counter analgesics and nonsteroidal anti-inflammatory medications (NSAIDs). Shoe modifications should be attempted first, including the use of roomy footwear with an adequate toe box and low heel. This measure helps to alleviate pressure on the deformed toe, often resulting in pain relief. Conservative treatment may also include debridement, padding, anti-inflammatory injections, steroid injections, and foot orthoses.

Surgical Treatment

Surgery should be considered only when all other treatment has failed. When these measures do not alleviate pain, then surgery may be considered. Cosmesis is not considered a medically necessary indication for surgery. Associated deformities (e.g., hallux valgus) must also be corrected for optimal surgical outcome and to prevent recurrence. The goal of surgery should be to relieve pain. Since lesser toe deformities include an array of deformities, the procedure will depend on the stage of deformity and the severity.

Contraindications to surgical treatment include:

- surgery when there is an active infection of the foot, unless correction of hammer toe deformity is necessary for wound management
- severe vascular insufficiency

The surgical procedure performed is determined by the stage of severity of the deformity, as follows:

- mild deformity: no fixed contracture at the metatarsophalangeal or proximal interphalangeal joints
- moderate deformity: a fixed flexion contracture at the proximal interphalangeal joint and no extension contracture at the metatarsophalangeal joint
- severe deformity: a fixed flexion contracture at the proximal interphalangeal joint, with a fixed extension contracture at the metatarsophalangeal joint (subluxation or dislocation of the proximal phalanx on the metatarsal head may be present in addition to the contractures)

If there is a mild deformity of the proximal interphalangeal joint, then flexor tendon transfer is performed. For a moderate deformity, resection of the head and neck of the proximal phalanx is recommended. An interphalangeal joint arthrodesis may also be performed. For a severe deformity, resection of the head and neck of the proximal phalanx, lengthening of the extensor digitorum longus, tenotomy of extensor digitorum brevis and a dorsal capsulotomy at the metatarsophalangeal joint are performed. A Kirshner wire may be used to stabilize the repair.

Summary

A hammer toe deformity is a flexion contracture of the proximal interphalangeal joint and may also include an extensor contracture of the metatarsophalangeal joint. The primary symptom is pain. Review of the literature, including textbooks and review articles indicates that initial treatment should be conservative treatment, with surgical treatment medically necessary when signs/symptoms are unresponsive to conservative treatment.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

When medically necessary:

CPT®*	Description
28285	Correction, hammertoe (e.g., Interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)

HCPCS Codes	Description
	No specific codes

ICD-9-CM Diagnosis Codes	Description
707.15	Ulcer of other part of foot
719.7	Difficulty in walking
729.5	Pain in soft tissues of limb
735.3	Hallux malleus
735.4	Other hammer toe (acquired)
735.5	Claw toe (acquired)
735.8	Other acquired deformity of toe
735.9	Unspecified acquired deformity of toe

*Current Procedural Terminology (CPT®) © 2006 American Medical Association: Chicago, IL.

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