Codify by AAPC

Outpatient Facility Coding Alert

Reader Question: Verify Tactic Before Coding Rigid Mallet Toe Treatment

Question: A patient came to our facility because of a rigid mallet toe. How will our physician most likely treat this condition and which CPT® codes should I look at?

Pennsylvania Subscriber
Answer: The physician may treat a rigid mallet toe with many correction techniques.

One popular one is a DuVries arthroplasty done at the distal interphalangeal joint (DIPJ), often accompanied by a flexor digitorum longus tenotomy done through the same incision. You should code this with 28285 (Correction, hammertoe [e.g., interphalangeal fusion, partial or total phalangectomy]).

The flexor tendon release code is 28232 (Tenotomy, open, tendon flexor; toe, single tendon [separate procedure]). This is a "separate procedure" CPT® code, which means you should not report it in addition to 28285.

Watch out: The Correct Coding Initiative bundles extensor tenotomy (28234, Tenotomy, open, extensor, foot or toe, each tendon) into 28285. But it doesn't bundle flexor tenotomy (28232) into 28285.

Still, some payers may cover the hammertoe correction only when you report it with 28232.

Some surgeons perform a partial resection of the lesser toe bases proximal phalanx to further improve residual deformity. If your surgeon performs this procedure, you can report 28126 (Resection, partial or complete, phalangeal base, each toe).

If absolutely necessary, the toe can often be stabilized with the use of a partial proximal syndactylization to the adjacent toe, for which you can report 28280 (Syndactylization, toes [e.g., webbing or Kelikian type procedure]). The surgeon may use a syndactylization any time an operated toe appears too floppy. Another option is amputation of the distal phalanx.

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