Local Coverage Determination (LCD): Surgical Treatment of Nails (L33833)

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09102 - MAC B</td>
<td>J - N</td>
<td>Florida</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09202 - MAC B</td>
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<td>A and B MAC</td>
<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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LCD Information

Document Information

- **LCD ID**: L33833
- **Original ICD-9 LCD ID**: L29318
- **LCD Title**: Surgical Treatment of Nails
- **Proposed LCD in Comment Period**: N/A
- **Source Proposed LCD**: N/A
- **Original Effective Date**: For services performed on or after 10/01/2015
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- **Revision Ending Date**: N/A
- **Retirement Date**: N/A
- **Notice Period Start Date**: N/A
- **Notice Period End Date**: N/A

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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

- CMS Online Manual System, Medicare Contractor Beneficiary and Provider Communications Manual – Correct Coding Initiative - Pub. 100.03, Part 1, Section 70.2.
- Social Security Act (Title XVIII) Standard References, Section, 1862 (a)(1)(A) Medically Reasonable & Necessary.
- Social Security Act (Title XVIII) Standard References, Section, 1862 (a)(7) Screening (Routine Physical Checkups).
- Social Security Act (Title XVIII) Standard References, Section, 1862 (a)(13)(C) Routine Foot Care.
- Social Security Act (Title XVIII) Standard References, Section, 1833 (e) Incomplete Claim

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This LCD describes conditions under which the coverage of nail avulsion/excision may be considered.

An ingrown nail is growth of the nail edge into the surrounding soft tissue that may result in pain, inflammation or infection. This condition most commonly occurs in the great toes and may require surgical management. Other conditions may also require avulsion of part or all of a nail.

The surgical treatment of ingrown nails is considered to be medically appropriate and reasonable for an ingrown toenail in the advanced stage in which the lateral nail fold bulges over the nail plate causing erythema, edema, and tenderness, and granulation of the epithelium inhibits serous drainage and precludes any chance of elevating the nail edge from the dermis of the lateral skin fold.

Treatment of simple uncomplicated or asymptomatic ingrown nail such as removal of a nail spicule may be considered to be routine foot care as are other trimming, cutting, clipping and debriding of a nail distal to the eponychium. Routine foot care is covered only when certain systemic conditions are present. (Refer to LCD: Routine Foot Care).

The following surgical procedures represent the options used to treat a complicated/symptomatic ingrown nail(s):

- Avulsion of a nail (CPT codes 11730 and 11732) involving separation and removal of the entire nail plate or a portion of nail plate (including the entire length of the nail border to and under the eponychium). A nail avulsion usually requires injected local anesthesia except in instances wherein the digit is devoid of sensation or there are other extenuating circumstances for which injectable anesthesia is not required or is medically contraindicated.
- Excision of the nail and the nail matrix (CPT code 11750) performed under local anesthesia (unless the digit is devoid of sensation which should be documented) requiring separation and removal of the entire nail plate or a portion of nail plate (including the entire length of the nail border to and under the eponychium) followed by destruction or permanent removal of the associated nail matrix.
- Wedge excision of the nail fold hypertrophic granulation tissue with removal of the offending portion of the nail (CPT code 11765).

Nail avulsions usually offer only temporary relief for ingrown toenails. The nail often grows back to its original thickness and the offending margin again may become problematic, resulting in another nail avulsion. Therefore, a partial or complete excision of nail and nail matrix may be the preferred course of treatment for recurrent ingrown nails.

The surgical treatment of nails is also covered for the following indications:
• Subungual abscess.
• Contusion injuries of nails.
• Crushing injuries of the toes.
• Crushing injuries of the fingers.
• Paronychia.
• Complicated wounds of the toes involving nail components.
• Deformed nails that prevent wearing shoes or otherwise jeopardize the integrity of the toe.

Limitations

The following are considered routine foot care (refer to LCD: Routine Foot Care) and are not included in the surgical treatment of ingrown nails:

• cutting small chips of the nail
• simple nonsurgical treatment of ingrown nails (e.g., trimming, cutting, lifting and clipping of the distal unattached nail margins)
• simple wedge excision of tissue or nail borders not requiring local anesthesia

Limitations specifically related to nail avulsion (CPT codes 11730, 11732)

• When a complete nail avulsion is performed, another avulsion should not be required for at least 12 weeks on the same digit. Services performed more often than every 12 weeks on the same digit are not considered to be reasonable and necessary and will be denied.
• In the unusual circumstance of a repeat partial avulsion of the same digit, within a 12-week period of time, the medical record must be specific as to the indication, such as ingrown nail of opposite border or new significant pathology on the same border recently treated.
• Partial nail avulsion of separate borders of the same nail is considered a single procedure.
• Both avulsion and routine trimming/debridement will not be allowed on the same nail on the same day.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x  Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999  Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>11730</td>
<td>AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE</td>
</tr>
<tr>
<td>11732</td>
<td>AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

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<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>B35.1</td>
<td>Tinea unguium</td>
</tr>
<tr>
<td>I96</td>
<td>Gangrene, not elsewhere classified</td>
</tr>
<tr>
<td>L02.511 - L02.519</td>
<td>Cutaneous abscess of right hand - Cutaneous abscess of unspecified hand</td>
</tr>
<tr>
<td>L02.611 - L02.619</td>
<td>Cutaneous abscess of right foot - Cutaneous abscess of unspecified foot</td>
</tr>
<tr>
<td>L03.011 - L03.049</td>
<td>Cellulitis of right finger - Acute lymphangitis of unspecified toe</td>
</tr>
<tr>
<td>L60.0 - L60.9</td>
<td>Ingrowning nail - Nail disorder, unspecified</td>
</tr>
<tr>
<td>L92.8</td>
<td>Other granulomatous disorders of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>L98.0</td>
<td>Pyogenic granuloma</td>
</tr>
<tr>
<td>Q84.3 - Q84.6</td>
<td>Anonychia - Other congenital malformations of nails</td>
</tr>
<tr>
<td>S60.11A - S60.159S</td>
<td>Contusion of right thumb with damage to nail, initial encounter - Contusion of unspecified little finger with damage to nail, sequela</td>
</tr>
<tr>
<td>S61.10A - S61.159S</td>
<td>Unspecified open wound of right thumb with damage to nail, initial encounter - Open bite of unspecified thumb with damage to nail, sequela</td>
</tr>
<tr>
<td>S61.310A - S61.359S</td>
<td>Laceration without foreign body of right index finger with damage to nail, initial encounter - Open bite of unspecified finger with damage to nail, sequela</td>
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<tr>
<td>S62.521A - S62.526S</td>
<td>Displaced fracture of distal phalanx of right thumb, initial encounter for closed fracture - Nondisplaced fracture of distal phalanx of unspecified thumb, sequela</td>
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<tr>
<td>S62.630A - S62.639S</td>
<td>Displaced fracture of distal phalanx of right index finger, initial encounter for closed fracture - Displaced fracture of distal phalanx of unspecified finger, sequela</td>
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<tr>
<td>S62.660A - S62.669S</td>
<td>Nondisplaced fracture of distal phalanx of right index finger, initial encounter for closed fracture - Nondisplaced fracture of distal phalanx of unspecified finger, sequela</td>
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<tr>
<td>S62.90XA - S62.92XS</td>
<td>Unspecified fracture of unspecified wrist and hand, initial encounter for closed fracture - Unspecified fracture of left wrist and hand, sequela</td>
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<tr>
<td>S66.520A - S66.529S</td>
<td>Laceration of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter - Laceration of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela</td>
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<td>S67.00XA - S67.198S</td>
<td>Crushing injury of unspecified thumb, initial encounter - Crushing injury of other finger, sequela</td>
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<tr>
<td>S69.80XA - S69.92XS</td>
<td>Other specified injuries of unspecified wrist, hand and finger(s), initial encounter - Unspecified injury of left wrist, hand and finger(s), sequela</td>
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<tr>
<td>S86.001A - S86.999S</td>
<td>Unspecified injury of right Achilles tendon, initial encounter - Other injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela</td>
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<tr>
<td>S90.211A - S90.229S</td>
<td>Contusion of right great toe with damage to nail, initial encounter - Contusion of unspecified lesser toe(s) with damage to nail, sequela</td>
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<tr>
<td>S91.201A - S91.259S</td>
<td>Unspecified open wound of right great toe with damage to nail, initial encounter - Open bite of unspecified toe(s) with damage to nail, sequela</td>
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<td>S92.401A - S92.499S</td>
<td>Displaced unspecified fracture of right great toe, initial encounter for closed fracture - Other fracture of unspecified great toe, sequela</td>
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<tr>
<td>S92.501A - S92.599S</td>
<td>Displaced unspecified fracture of right lesser toe(s), initial encounter for closed fracture - Other fracture of unspecified lesser toe(s), sequela</td>
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<tr>
<td>S92.911A - S92.919S</td>
<td>Unspecified fracture of right toe(s), initial encounter for closed fracture - Unspecified fracture of unspecified toe(s), sequela</td>
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<tr>
<td>S96.001A - S96.999S</td>
<td>Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, initial encounter - Other specified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela</td>
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</table>
| S97.101A - S97.129S | Crushing injury of unspecified right toe(s), initial encounter - Crushing injury of
ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements

For procedure codes 11730, 11732, 11750, and 11765, the following information must be clearly documented in the patient’s medical record and submitted upon request for review.

1. Complete detailed description of the pre-operative findings.
2. Procedure being performed (making note to the nail margin involved).
3. Method of obtaining anesthesia (if not used, the reason for not using it).
4. A complete detailed description of the procedure. Identifying the specific digit(s) on which the procedure was performed.
5. Postoperative observation and treatment of the surgical site (e.g., minimal bleeding, sterile dressing applied).
6. Postoperative instructions given to the patient and any follow-up care (e.g., soaks, antibiotics, follow-up appointments).

Utilization Guidelines

Nail avulsions usually offer only temporary relief for ingrown toenails. The nail often grows back to its original thickness and the offending margin again may become problematic, resulting in another nail avulsion. Another complete nail avulsion should not be required for at least 12 weeks for the same digit. Therefore, a partial or complete excision of nail and nail matrix may be the preferred course of treatment for recurrent ingrown nails.

A complete nail avulsion performed more often than every 12 weeks on the same digit is not considered reasonable and necessary and will be denied. When avulsion of the nail plate, partial or complete is performed it represents all services performed on that nail for that date of service. Partial nail avulsion of separate borders of the same nail is considered a single procedure (refer to the “Coding Guidelines” attachment). Both avulsion and routine trimming/debridement will not be allowed on the same nail on the same day.

For the same nail, on the same day, it is only necessary to perform one of the following procedures:
- Partial or complete avulsion (CPT codes 11730, 11732),
- Excision of nail and nail matrix (CPT code 11750),
- Wedge resection of skin of nail fold (CPT code 11765)

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information

FCSO reference LCD number – L29395


Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
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<tr>
<td>01/01/2017</td>
<td>R1</td>
<td>11/16/2016 - For the following CPT/HCPCS codes either the short description and/or the long description was changed: 11750 descriptor was changed in Group 1</td>
<td>Revisions Due To CPT/HCPCS Code Changes</td>
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Associated Documents

Attachments
code guide 2017 (PDF - 96 KB )

Related Local Coverage Documents
N/A

Related National Coverage Documents
N/A

Public Version(s)
Updated on 12/29/2016 with effective dates 01/01/2017 - N/A
Updated on 07/01/2014 with effective dates 10/01/2015 - N/A
Updated on 04/03/2014 with effective dates 10/01/2015 - N/A

Keywords
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