FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33833

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Surgical Treatment of Nails

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Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]. In addition, an administrative law judge may not review an NCD. See § 1869(f)(1)(A)(i) of the Social Security Act.

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.

Medicare Contractor Beneficiary and Provider Communications Manual - Correct Coding Initiative, Pub. 100-09, Chapter 5, (8) Policy Number 10.10000 - Standards of Medical/Surgical Practice.
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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

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

Indications and Limitations of Coverage 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...
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(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:

• Subungal 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 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.

CPT/HCPCS Codes

11730  Avulsion of nail plate, partial or complete, simple; single
11732  Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11750  Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11765  Wedge excision of skin of nail fold (eg, for ingrown toenail)
### ICD-10 Codes that Support Medical Necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<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 hand</td>
</tr>
<tr>
<td>L02.611 – L02.619</td>
<td>Cutaneous abscess of foot</td>
</tr>
<tr>
<td>L03.011 – L03.049</td>
<td>Cellulitis and acute lymphangitis of finger and toe</td>
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<tr>
<td>L60.0 – L60.9</td>
<td>Nail disorders</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>Other congenital malformations of integument</td>
</tr>
<tr>
<td>S60.111A – S60.159S</td>
<td>Contusion of finger with damage to nail</td>
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<tr>
<td>S61.101A – S61.159S</td>
<td>Open wound of thumb with damage to nail</td>
</tr>
<tr>
<td>S61.310A – S61.359S</td>
<td>Open wound of other finger with damage to nail</td>
</tr>
<tr>
<td>S62.521A – S62.526S</td>
<td>Fracture of distal phalanx of thumb</td>
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<tr>
<td>S62.630A – S62.639S</td>
<td>Displaced fracture of distal phalanx of finger</td>
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<td>S62.660A – S62.669S</td>
<td>Nondisplaced fracture of distal phalanx of finger</td>
</tr>
<tr>
<td>S62.90XA – S62.92XS</td>
<td>Unspecified fracture of wrist and hand</td>
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<tr>
<td>S66.520A – S66.529S</td>
<td>Laceration of intrinsic muscle, fascia and tendon of other and unspecified finger at wrist and hand level</td>
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<td>S67.00XA – S67.198S</td>
<td>Crushing injury of wrist, hand and fingers</td>
</tr>
<tr>
<td>S69.80XA – S69.92XS</td>
<td>Other and unspecified injuries of wrist, hand and fingers(s)</td>
</tr>
<tr>
<td>S86.001A – S86.999S</td>
<td>Injury of muscle, fascia and tendon at lower leg level</td>
</tr>
<tr>
<td>S90.211A – S90.229S</td>
<td>Contusion of toe with damage to nail</td>
</tr>
<tr>
<td>S91.201A – S91.259S</td>
<td>Open wound of toe with damage to nail</td>
</tr>
<tr>
<td>S92.401A – S92.499S</td>
<td>Fracture of great toe</td>
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<tr>
<td>S92.501A – S92.599S</td>
<td>Fracture of lesser toe(s)</td>
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<tr>
<td>S92.911A – S92.919S</td>
<td>Unspecified fracture of toe</td>
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<td>S96. 001A –S96.999S</td>
<td>Injury of muscle and tendon at ankle and foot level</td>
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<td>S97.101A – S97.129S</td>
<td>Crushing injury of toe</td>
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<tr>
<td>T33.511A – T33.539S</td>
<td>Superficial frostbite of wrist, hand, and fingers</td>
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<tr>
<td>T33.811A – T33.839S</td>
<td>Superficial frostbite of ankle, foot, and toe(s)</td>
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</tbody>
</table>

### Diagnoses that Support Medical Necessity

N/A

### ICD-9[10] Codes that DO NOT Support Medical Necessity

N/A

### Diagnoses that DO NOT Support Medical Necessity

N/A

### 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 and Basis for Decision**

FCSO reference LCD number – L29395


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/01/2014

**Original**
Surgical Treatment of Nails  Part B

Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

Coding Guidelines

Document formatted: 09/25/2015 (DA/et)