

Nail Avulsion (DRAFT POLICY)

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Effective: 3/1/2008

Status: Draft Final

Revision Date: 12/3/2007

LCD Title

Nail Avulsion - 4P-8AB

Contractor's Determination Number

4P-8AB (L26633)

Contractor Name

TrailBlazer Health Enterprises, LLC

Contractor Number

- 04001.
- 04002.

Contractor Type

- MAC – Part A.
- MAC – Part B.

AMA CPT/ADA CDT Copyright Statement

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CMS National Coverage Policy

- *Medicare Benefit Policy Manual* – Pub. 100-02, Chapter 15,

Section 290.

- *Medicare National Coverage Determinations Manual* – Pub. 100-3, Part 1, Section 70.2.1.
- Correct Coding Initiative – *Medicare Contractor Beneficiary and Provider Communications Manual* – Pub. 100-09, Chapter 5.
- Social Security Act (Title XVIII) Standard References, Sections:
 - 1862 (a)(1)(A) Medically Reasonable & Necessary.
 - 1862 (a)(7) Screening (Routine Physical Checkups).
 - 1862 (a)(13)(C) Routine Foot Care.
 - 1833 (e) Incomplete Claim.

Primary Geographic Jurisdiction

- CO – 04101.
- NM – 04201.
- OK – 04301.
- TX – 04401:
 - Indian Health Service.
- End State Renal Disease (ESRD) facilities.
 - Skilled Nursing Facilities (SNFs).
 - Rural Health Clinics (RHCs).
 - CO – 04102.
 - NM – 04202.
 - OK – 04302.
 - TX – 04402.
 - Indian Health Service.

Secondary Geographic Jurisdiction

N/A

Oversight Region

- Region VI.

Original Determination Effective Date

03/01/2008

03/21/2008

06/13/2008

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

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. This policy describes conditions under which Medicare payment for nail avulsion may be made.

Treatment of simple uncomplicated or asymptomatic ingrowing nail by removal of the offending nail spicule not requiring local anesthesia is 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.

Payment conditions for routine foot care are described in the TrailBlazer LCD "Routine Foot Care/Mycotic Nail Debridement – P-5AB."

The following surgical procedures represent the options used to treat complicated/symptomatic ingrowing 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 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 procedure code 11765).

Regrowth of the nail and recurrence of ingrowth will require four to six months, though, with appropriate surgical management and instruction for proper shoes and nail care, the problem of ingrowing nails should not recur.

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.

Note: Type of Bill and Revenue Codes DO NOT apply to Part B.

Coverage Topics

Foot Care

Surgical Services

Type of Bill Codes

12X, 13X, 21X, 22X, 23X, 71X, 75X, 85X

Revenue Codes

Note: TrailBlazer has identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS *Internet-Only Manual* (IOM) Pub. 100-04 *Claims Processing Manual* for further

guidance.

0450, 050X, 051X, 052X, 0761

CPT/HCPCS Codes

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) require the use of short CPT descriptors in policies published on the Web.

11730©	Removal of nail plate
11732©	Removal of nail plate, add-on
11750©	Removal of nail bed
11765©	Excision of nail fold, toe

ICD-9-CM Codes That Support Medical Necessity

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 11730, 11732, 11750 and 11765:**

Covered for:

681.02	Onychia and paronychia of the finger
681.10–681.11	Cellulitis and abscess of toe
681.9	Cellulitis and abscess of unspecified digit
696.1	Psoriasis, nail
703.0	Ingrowing nail
703.8	Leukonychia, onychauxis, onychogryposis, onycholysis
757.5	Other specified anomalies of nails
893.0–893.2	Open wound of the toe
923.3	Contusion of fingernail
924.3	Contusion of toe nail
927.3	Crushing injury of finger(s)
928.3	Crushing injury of toe(s)
945.31	Burn of lower limb (including toe and nail unit), third degree
945.41	Burn of lower limb (including toe and nail unit), deep

third degree without mention of loss of body part

Note: Providers should continue to submit ICD-9-CM diagnosis codes without decimals on their claim forms and electronic claims.

Diagnoses That Support Medical Necessity

N/A

ICD-9-CM Codes That DO NOT Support Medical Necessity

N/A

Diagnoses That DO NOT Support Medical Necessity

All diagnoses not listed in the "ICD-9-CM Codes That Support Medical Necessity" section of this LCD.

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and made available to Medicare upon request.
- If another service is provided along with the avulsion, full documentation of the medical need for the service and description of the procedure must be recorded in the patient's file.
- The following information should be included in the patient's medical record:
 - The patient's primary complaint.
 - A complete detailed description of the procedure performed.
 - Type and quantity of local anesthetic agent used. For nail avulsions, if injectable anesthesia was not used, the reason must be clearly documented in the patient's medical record.
 - Postoperative instructions and any follow-up care (e.g., use of soaks, antibiotics and follow-up appointments).

Appendices

N/A

Utilization Guidelines

- Recurrence of complicated/symptomatic ingrowing nail(s) due to

regrowth of the nail may require four to six months, though, with appropriate surgical management and instruction for proper shoes and nail care, the problem of ingrowing nails should not recur.

- For the treatment of recurrent ingrown nails, a partial or complete excision of the nail and destruction of the nail matrix should be the preferred course of treatment.
- Both avulsion and routine trimming/debridement will not be allowed on the same nail on the same day.

Sources of Information and Basis for Decision

J4 (CO, NM, OK, TX) MAC Integration

TrailBlazer Health Enterprises, LLC adopted, unchanged, the TrailBlazer LCD, "Nail Avulsion", for the Jurisdiction 4 (J4) MAC transition.

Full disclosure of sources of information is found with original contractor LCDs.

Other Contractor Local Coverage Determinations

"Nail Avulsion," TrailBlazer Health Enterprises, LLC LCD, (00400) L14151, (00900) L14154.

"Routine Foot Care/Mycotic Nail Debridement," TrailBlazer Health Enterprises, LLC LCD, MAC-J4 (4P-7AB).

"Symptomatic, Pathological Nail and Its Treatment," Noridian Administrative Services, LLC LCD, (CO) L23906.

"Debridement of Toenails," Arkansas BlueCross BlueShield (Pinnacle) LCD, (NM, OK) L13442 and L13455.

Start Date of Notice Period

12/20/2007

Revision History

<u>Number</u>	<u>Date</u>	<u>Explanation</u>
N/A	06/13/2008	LCD effective in TX Part A and Part B and Part A CO and NM 06/13/2008
N/A	03/21/2008	LCD effective in CO Part B 03/21/2008

N/A 03/01/2008 LCD effective in NM Part B and OK Part A and Part B 03/01/2008

12/20/2007 Consolidated LCD posted for notice effective: 12/20/2007

This content pertains to...
Programs: Part A,Part B
Topics: Not Topic Specific
Subtopics: Not Subtopic Specific

PART A - OKLAHOMA

PART B - OKLAHOMA

PART B - COLORADO

PART B - NEW MEXICO

PART A - TEXAS/NEW MEXICO/COLORADO

PART B - TEXAS

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