

<https://www.novitas-solutions.com/policy/mac-ab/l27487-r7.html>

LCD L27487 - Debridement of Mycotic Nails

Contractor Information

Contractor Name:

Novitas Solutions, Inc.

Contractor Number(s):

12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502, 12901

Contractor Type:

MAC Part A & B

[Go to Top](#)

[LCD Information](#)

[Document Information](#)

[LCD ID Number](#)

L27487

[LCD Title](#)

Debridement of Mycotic Nails

[Contractor's Determination Number](#)

L27487

[AMA CPT/ADA CDT Copyright Statement](#)

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Primary Geographic Jurisdiction

Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware

Oversight Region

Central Office

Original Determination Effective Date

For services performed on or after 07/11/2008

Original Determination Ending Date

N/A

Revision Effective Date

For services performed on or after 04/02/2012

Revision Ending Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 290

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Fungal disease of the toenails is a comparatively benign condition, but difficult to eradicate due to a high recurrence rate. A superficial variety of fungal infections produce little or no symptomatology beyond white opacities on the nails. However, deep infections may result in dystrophic nails, with subsequent pain and/or limitation of ambulation, and/or secondary infection. The definitive treatment may involve a short-term use of oral agents, long term use of topical agents and/or periodic debridement of the dystrophic fungal nails with thinning of the nail plates (manual or electric).

Debridement of nails is a temporary reduction in the size or girth of an abnormal nail plate, short of avulsion. It is performed most commonly without anesthesia to accomplish any or all of the following objectives:

Relief of pain

Treatment of infection (bacterial, fungal, and viral)

Temporary removal of an anatomic deformity such as onychauxis (thickened nail), or certain types of onychocryptosis (ingrown nail)

Exposure of subungual conditions for the purpose of treatment as well as diagnosis (biopsy, culture, etc)

As a prophylactic measure to prevent further problems, such as a subungual ulceration in an insensate patient with onychauxis.

Debridement of mycotic nails is considered to be routine foot care.

Indications

Whether by manual method or by electrical grinder, debridement is a modality used as part of the definitive antifungal treatment of onychomycosis.

Payment may be made for the debridement of a mycotic nail (whether by manual method or by electrical grinder) when definitive antifungal treatment options have been reviewed and discussed with the patient at the initial visit and the physician attending the mycotic condition documents that the following criteria are met:

I. In the absence of a systemic condition, the following criteria must be met:

In the case of ambulatory patients there exists both:

1. Clinical evidence of mycosis of the toenail AND
2. Marked limitation of ambulation, pain, and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

In the case of non-ambulatory patients there exists both:

1. Clinical evidence of mycosis of the toenail AND
2. The patient suffers from pain and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

II. For patients with a systemic condition and clinical evidence of mycosis of the toenail, but who do not meet the above criteria, refer to Local Coverage Determination: Routine Foot Care.

Medicare does not routinely cover fungus cultures and KOH preparations performed on toenail clippings in the doctor's office. Identification of cultures of fungi in the toenail clippings is medically necessary only:

When it is required to differentiate fungal disease from psoriatic nails.

When a definitive treatment for a prolonged period of time is being planned involving the use of a prescription medication.

Limitations

Whirlpool treatment prior to the debridement of mycotic nails to soften the nails or the skin is not eligible for separate reimbursement.

Debridement codes should not be used to report the simple trimming, cutting, or clipping of the distal nail plate.

[Go to Top](#)

[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.

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 018x Hospital - Swing Beds
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 028x Skilled Nursing - Swing Beds
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

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.

- 030X Laboratory - General Classification
- 031X Laboratory Pathology - General Classification
- 036X Operating Room Services - General Classification
- 051X Clinic - General Classification

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

11720 DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5

11721 DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE

87101 CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; SKIN, HAIR, OR NAIL

87102 CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; OTHER SOURCE (EXCEPT BLOOD)

87220 TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG, SCABIES)

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

110.1* DERMATOPHYTOSIS OF NAIL

681.10 UNSPECIFIED CELLULITIS AND ABSCESS OF TOE

681.11 ONYCHIA AND PARONYCHIA OF TOE

703.0 INGROWING NAIL

719.7 DIFFICULTY IN WALKING

729.5 PAIN IN LIMB

781.2 ABNORMALITY OF GAIT

*Note: ICD-9-CM code 110.1 must appear on each claim in addition to one of the other above ICD-9-CM codes that indicates secondary infection, pain, or difficulty in ambulation.

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

Go to Top

Other Information

Documentation Requirements

All documentation must be maintained in the patient's medical record and available to the contractor upon request.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.

The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

For each service encounter, the medical record should contain a description of each nail, which requires debridement. This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local pathology caused by each affected nail resulting in the need for debridement must be documented. For CPT code 11720 documentation of at least one nail will be accepted. For CPT code 11721 complete documentation must be provided for at least 6 nails.

Routine identification of cultures of fungi in the toenail is medically indicated when necessary to differentiate fungal disease from psoriatic nail, or when definitive treatment for prolonged oral or topical antifungal therapy has been planned. If cultures are performed and billed, documentation of cultures and the need for prolonged oral or topical antifungal therapy must be in the patient record and available to Medicare upon request.

The medical record must clearly document which nails were treated at every visit.

Services for debridement of more than five nails in a single day may be subject to special review. Documentation to support the medical necessity of such services must be in the patient's record and available to Medicare upon request.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Routine foot care services provided more often than every 60 days will be denied.

Sources of Information and Basis for Decision

Other Contractor's Policies

Novitas Solutions Contractor Medical Directors

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Directors. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

CAC/IAC Distribution: 04/01/2008

Start Date of Comment Period

04/01/2008

End Date of Comment Period:

05/15/2008

Start Date of Notice Period

05/23/2008

[Go to Top](#)

[Revision History](#)

Revision History Number

L27487

Revision History Explanation

Date Policy # Description

04/02/2012

L27487

LCD revised to reflect contractor name change from Highmark Medicare Services to Novitas Solutions, Inc.

02/21/2011

L27487

Per Change Request 7135, this LCD is effective for dates of service on and after 02/21/2011 for those providers in the states of Delaware, Maryland, New Jersey, Pennsylvania and the District of Columbia serviced by Wisconsin Physicians Service (WPS), contractor number 52280, that are being transitioned to Highmark Medicare Services, contractor number 12901, effective 02/21/2011.

09/08/2010

L27487

LCD revised effective 09/09/2010. The descriptions have changed for the following bill type codes: 11,12,13,14, 18, 21, 22, 23, 28, 83, and 85 with an effective date of 07/01/2010. The descriptions have changed for the following revenue codes: 0300, 0301, 0302, 0303, 0304, 0305, 0306, 0307, 0309, 0310, 0311, 0312, 0314, 0319, 0360, 0361, 0362, 0367, 0369, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, and 0519 with an effective date of 07/01/2010. Some or all of these changes may be in code ranges.

12/12/2008

L27487

LCD effective 12/12/2008 for Pennsylvania Part B. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Part B; Maryland Part A and Part B; New Jersey Part A and Part B; Pennsylvania Part A and Part B. The following CPT/HCPCS code changes will be effective 01/01/2009: Code description changes: 11720, 11721.

11/14/2008

L27487

LCD effective 11/14/2008 for New Jersey Part B and Delaware Part A. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Delaware Part B; Maryland Part A and Maryland Part B; New Jersey Part A and New Jersey Part B; Pennsylvania Part A.

08/29/2008

L27487

LCD effective 09/01/2008 for New Jersey Part A. Effective 09/01/2008, New Jersey Part A will be added to the other jurisdictions already effective: DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

08/01/2008

L27487

LCD effective 08/01/2008 for DC Part A, Maryland Part A, and Pennsylvania Part A. LCD is now effective for DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

05/23/2008

L27487

Original LCD posted for notice. LCD to become effective 07/11/2008 for Maryland Part B, DCMA Part B and Delaware Part B.

04/01/2008

Draft J12-D15

Original LCD posted for comment.

Reason for Change

Other

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.