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  

AMA CPT Copyright Statement  

CPT only copyright 2002-2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright (c) American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.  

CMS National Coverage Policy  

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.
Surgical Treatment of Nails  Part B

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.
Surgical Treatment of Nails  Part B

(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

B35.1 Tinea unguium
I96 Gangrene, not elsewhere classified
L02.511 – L02.519 Cutaneous abscess of hand
L02.611 – L02.619 Cutaneous abscess of foot
L03.011 – L03.049 Cellulitis and acute lymphangitis of finger and toe
L60.0 – L60.9 Nail disorders
L92.8 Other granulomatous disorders of the skin and subcutaneous tissue
L98.0 Pyogenic granuloma
Q84.3-Q84.6 Other congenital malformations of integument
S60.111A – S60.159S Contusion of finger with damage to nail
S61.101A – S61.159S Open wound of thumb with damage to nail
S61.310A – S61.359S Open wound of other finger with damage to nail
S62.521A – S62.526S Fracture of distal phalanx of thumb
S62.630A – S62.639S Displaced fracture of distal phalanx of finger
S62.660A – S62.669S Nondisplaced fracture of distal phalanx of finger
S62.90XA – S62.929S Unspecified fracture of wrist and hand
S66.520A – S66.529S Laceration of intrinsic muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S67.00XA – S67.198S Crushing injury of wrist, hand and fingers
S69.80XA – S69.92XS Other and unspecified injuries of wrist, hand and fingers(s)
S86.001A – S86.999S Injury of muscle, fascia and tendon at lower leg level
S90.211A – S90.229S Contusion of toe with damage to nail
S91.201A – S91.259S Open wound of toe with damage to nail
S92.401A – S92.499S Fracture of great toe
S92.501A – S92.599S Fracture of lesser toe(s)
S92.911A – S92.919S Unspecified fracture of toe
S96.001A – S96.999S Injury of muscle and tendon at ankle and foot level
S97.101A – S97.129S Crushing injury of toe
T33.511A – T33.539S Superficial frostbite of wrist, hand, and fingers
T33.811A – T33.839S Superficial frostbite of ankle, foot, and toe(s)

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
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)