

**Centers for Medicare & Medicaid Services**

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**Local Coverage Determination (LCD):  
Nail Debridement (L33922)**

**- Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

**- LCD Information**

**Document Information**

**LCD ID**  
L33922

**Original ICD-9 LCD ID**  
[L29232](#)

**LCD Title**  
Nail Debridement

**Proposed LCD in Comment Period**  
N/A

**Source Proposed LCD**  
N/A

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**Original Effective Date**  
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**Revision Ending Date**  
N/A

**Retirement Date**  
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**Notice Period Start Date**  
N/A

**Notice Period End Date**  
N/A

time upon written notice to Company.

**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:

Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15, section 290  
Medicare Carriers Manual, Sections 2323.C., 4120.1, 4120.2

**Coverage Guidance**

**Coverage Indications, Limitations, and/or Medical Necessity**

Medicare will consider the treatment of fungal (mycotic) infection of the nails a covered service when the medical record substantiates:

- *Clinical evidence of mycosis of the nail*, by generally accepted clinical findings such as discoloration, onycholysis, subungual debris, thickening, or secondary skin infection;

In addition one of the following must be documented for mycotic toenails:

- *the ambulatory patient has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate(s); or*
- *the non-ambulatory patient suffers from pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate(s).*

Appropriate anti-fungal treatment is necessary to qualify nail debridement as a medically necessary and reimbursable service unless contraindicated. If an anti-fungal treatment is not used, the contraindication must be documented in the medical record.

Patients need not have an underlying systemic condition to be covered for mycotic nail care.

For nail debridement not related to symptomatic mycotic nails but associated with a systemic condition, refer to the Routine Foot Care policy.

**- 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
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**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
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**CPT/HCPCS Codes**

**Group 1 Paragraph:**  
N/A

**Group 1 Codes:**

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11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODES	DESCRIPTION
B35.1	Tinea unguium
B37.2	Candidiasis of skin and nail
B42.1	Lymphocutaneous sporotrichosis
B42.7	Disseminated sporotrichosis
B42.89	Other forms of sporotrichosis
B42.9	Sporotrichosis, unspecified
B43.0	Cutaneous chromomycosis
B43.8	Other forms of chromomycosis
B43.9	Chromomycosis, unspecified
B44.7	Disseminated aspergillosis
B44.89	Other forms of aspergillosis
B44.9	Aspergillosis, unspecified
B45.2	Cutaneous cryptococcosis
B45.7	Disseminated cryptococcosis
B45.8	Other forms of cryptococcosis
B45.9	Cryptococcosis, unspecified
B46.3	Cutaneous mucormycosis
B46.4	Disseminated mucormycosis
B46.5	Mucormycosis, unspecified
B46.8	Other zygomycoses
B46.9	Zygomycosis, unspecified
B47.0	Eumycetoma
B48.1	Rhinosporidiosis
B48.2	Allescheriasis
B48.8	Other specified mycoses
B49	Unspecified mycosis

### ICD-10 Codes that DO NOT Support Medical Necessity

N/A

**ICD-10 Additional Information**

**- General Information**

**Associated Information  
Documentation Requirements**

The provider of the service(s) must document the affected nail(s), including the clinical evidence of mycosis, and the manner in which and to what extent the nail(s) were debrided. Use of appropriate anti-fungal treatment or the contraindication of such treatment must also be documented. In addition, a description of the qualifying symptoms for debridement of toenail(s) must be documented:

- *the ambulatory patient has a marked limitation in ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected nail plate(s), or*
- *the non-ambulatory patient suffers from pain, or secondary infection resulting from the thickening and dystrophy of the infected nail plate(s).*

**Utilization Guidelines**

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 -L29367

Gallagher, K., (2002). Fungal nail infections. Retrieved from internet 04/08/2004. From <http://yalenewhavenhealth.org/library/healthguide>.

Rehnquist, J., (2002). Medicare payments for nail debridement services. Department of Health and Human Services, Office of the Inspector General.

**- Revision History Information**

N/A

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**- Associated Documents**

**Attachments**

N/A

**Related Local Coverage Documents**

N/A

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 07/01/2014 with effective dates 10/01/2015 - N/A  
Updated on 03/23/2014 with effective dates 10/01/2015 - N/A

**- Keywords**

N/A

Read the **LCD Disclaimer**