Local Coverage Determination (LCD): Debridement of Mycotic Nails (L35013)

**Contractor Information**

Contractor Name  
Novitas Solutions, Inc.

**LCD Information**

**Document Information**

LCD ID  
L35013

Original ICD-9 LCD ID  
L27487

LCD Title  
Debridement of Mycotic Nails

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Revision Ending Date  
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Retirement Date  
N/A

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N/A

Notice Period End Date  
N/A

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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

Coverage Guidance

**Coverage Indications, Limitations, 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:

   A. 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.

   B. 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.

**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

**Group 1 Paragraph:** Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11720</td>
<td>DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5</td>
</tr>
<tr>
<td>11721</td>
<td>DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE</td>
</tr>
<tr>
<td>87101</td>
<td>CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; SKIN, HAIR, OR NAIL</td>
</tr>
<tr>
<td>87102</td>
<td>CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; OTHER SOURCE (EXCEPT BLOOD)</td>
</tr>
<tr>
<td>87220</td>
<td>TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG, SCABIES)</td>
</tr>
</tbody>
</table>

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>B35.1*</td>
<td>Tinea unguium</td>
</tr>
<tr>
<td>L02.611</td>
<td>Cutaneous abscess of right foot</td>
</tr>
<tr>
<td>L02.612</td>
<td>Cutaneous abscess of left foot</td>
</tr>
<tr>
<td>L02.619</td>
<td>Cutaneous abscess of unspecified foot</td>
</tr>
</tbody>
</table>
L03.031  Cellulitis of right toe  
L03.032  Cellulitis of left toe  
L03.039  Cellulitis of unspecified toe  
L03.041  Acute lymphangitis of right toe  
L03.042  Acute lymphangitis of left toe  
L03.049  Acute lymphangitis of unspecified toe  
L60.0  Ingrowing nail  
M79.604  Pain in right leg  
M79.605  Pain in left leg  
M79.606  Pain in leg, unspecified  
M79.661  Pain in right lower leg  
M79.662  Pain in left lower leg  
M79.669  Pain in unspecified lower leg  
M79.671  Pain in right foot  
M79.672  Pain in left foot  
M79.673  Pain in unspecified foot  
M79.674  Pain in right toe(s)  
M79.675  Pain in left toe(s)  
M79.676  Pain in unspecified toe(s)  
R26.2  Difficulty in walking, not elsewhere classified  
R26.89  Other abnormalities of gait and mobility  
R26.9  Unspecified abnormalities of gait and mobility

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:** **Note: ICD-10-CM code B35.1 must appear on each claim in addition to one of the other above ICD-10-CM codes that indicates secondary infection, pain, or difficulty in ambulation.**

Showing 1 to 26 of 26 entries in Group 1

ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

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**General Information**
Associated Information

Documentation Requirements

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

2. 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.

3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

4. 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.

5. 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.

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

7. 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

Revision History Information

N/A

Associated Documents

Attachments
N/A
Related Local Coverage Documents
N/A
Related National Coverage Documents
N/A
Public Version(s)
Updated on 04/02/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A
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