

FACT SHEET

Description

Nail Debridement CPT Codes

- 11720 - Debridement of nail(s) by any method; 1 to 5
- 11721 - Debridement of nail(s) by any method; 6 or more.

Medicare Billing

Medicare generally does not cover routine foot care.

Routine foot care defined as:

- Cutting or removal of corns or calluses
- Trimming, cutting, clipping, or debriding of nails
- Hygienic and preventive maintenance care such as:
 - Cleaning and soaking feet
 - Use of skin creams to maintain skin tone of either ambulatory or bedfast patients
 - Any other service performed in absence of localized illness, injury, or symptoms involving the foot

With allowed ICD-10-CM code, routine foot care is covered only if patient is under active care of doctor of medicine or doctor of osteopathy or qualified non-physician practitioner who documents the condition.

Foot care services are considered medically necessary once in 60 days.

Services for debridement of more than 5 nails in a single day may be subject to special review.

When reporting debridement of mycotic nails:

- Primary diagnosis representing patient's dermatophytosis of nail must be listed
- Secondary diagnosis represents systemic condition
- In absence of systemic condition
 - Must report primary diagnosis of dermatophytosis
 - Also report one of the diagnosis codes which indicates secondary infection or pain
 - » Diagnosis of mycotic nails alone is insufficient for payment
- If coverage based on qualifying systemic condition, report a class findings modifier
 - HCPCS mod Q7 = 1 Class A finding
 - HCPCS mod Q8 = 2 Class B findings
 - HCPCS mod Q9 = 1 Class B finding and 2 Class C findings
- Reminder: If neuropathy present without vascular impairment these modifiers are not necessary
 - Instead, report appropriate ICD-10-CM code from the LCD article (Group 4)

Supporting Documentation

1. Beneficiary's name
2. Date of service (DOS)
3. Relevant medical history
4. Results of related tests/procedures
5. Signed and dated documentation from ordering provider supporting indication/medical necessity
6. For each service, description of each nail which requires debridement
7. Appropriate signatures and credentials of person rendering the services

References

- Local Coverage Determination (LCD) L34246
[https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcidid=34246&ver=22&CtrctrSelected=239*1&Ctrctr=239&name=CGS+Administrators%2c+LLC+\(15101%2c+MAC+-+Part+A\)&DocType=2&LCtrctr=239*1&bc=AgACAACAIAAAAA&=](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcidid=34246&ver=22&CtrctrSelected=239*1&Ctrctr=239&name=CGS+Administrators%2c+LLC+(15101%2c+MAC+-+Part+A)&DocType=2&LCtrctr=239*1&bc=AgACAACAIAAAAA&=)
- CMS Internet-Only Medicare Benefit Policy Manual 100-02, Chapter 15, Section 290
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

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Medical Necessity

While the Medicare program generally excludes routine foot care services from coverage, there are specific indications or exceptions under which there are program benefits.

- Routine foot care is a necessary and integral part of otherwise covered services
- Treatment of warts on the foot
- Presence of systemic conditions, such as metabolic, neurologic, or peripheral vascular disease
- Treatment of mycotic nails
 - Qualifying systemic illnesses causing a peripheral neuropathy must be present
 - In absence of a systemic condition, the following criteria must be met:
 - » Ambulatory patients
 - Clinical evidence of mycosis of the toenail, and
 - Marked limitation of ambulation, pain, and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate
 - » Non-ambulatory patients
 - Clinical evidence of mycosis of the toenail, and
 - Patient suffers from pain and/or secondary infection resulting from thickening and dystrophy of infected toenail plate

Procedures for treating toenails are covered for:

- Onychogryphosis (defined as long-standing thickening, in which typically a curved hooked nail (ram's horn nail) occurs)
 - There is marked limitation of ambulation, pain, and/or secondary infection where the nail plate is causing symptomatic indentation of or minor laceration of affected distal toe; and/or
- Onychia (defined as a thickening (hypertrophy) of the base of the nail/nail bed)
 - There is marked limitation of ambulation, pain, and/or secondary infection that causes symptoms

Physical and clinical findings, which are indicative of severe peripheral involvement, must be documented and maintained in patient record.

Class A findings	
<ul style="list-style-type: none"> • Non-traumatic amputation of foot or integral skeletal portion thereof 	
Class B findings	
<ul style="list-style-type: none"> • Absent posterior tibial pulse • Advanced trophic changes (any three) • Hair growth (decrease or increase) • Nail changes (thickening) 	<ul style="list-style-type: none"> • Pigmentary changes (discoloring) • Skin texture (thin, shiny) • Skin color (rubor or redness); and • Absent dorsalis pedis pulse
Class C findings	
<ul style="list-style-type: none"> • Claudication • Temperature changes (e.g., cold feet) • Edema 	<ul style="list-style-type: none"> • Paresthesias (abnormal spontaneous sensations in the feet) • Burning

Appropriate Signatures

- Signature and credentials of person performing the service must meet CMS requirements
- Amendments/corrections/delayed entries are properly identified

For more information regarding signature requirements, please view the following resources:

- CGS Administrators, LLC, J15 Part B Medical Review
 - <https://www.cgsmedicare.com/partb/mr/signatures.html>
 - <https://www.cgsmedicare.com/partb/cert/signatures.pdf>
- CMS MLN Fact Sheet, *Complying with Medicare Signature Requirements*. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature_requirements_fact_sheet_icn905364.pdf
- CMS IOM Pub. 100-08, *Medicare Program Integrity Manual*, Chapter 3, Section 3.3.2.4, Signature Requirements. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>