

Nail Debridement

Policy

Mass General Brigham Health Plan reimburses participating providers for medically necessary debridement of hypertrophic toenails associated with systemic conditions, or mycotic nails in the absence of systemic conditions.

Authorization, Notification and Referral

Service	Requirement
Nail Debridement	No authorization, notification or referral required

Limitations

Nail debridement services are covered in accordance with the ICD-10 diagnosis codes contained herein.

Note: This is a more expansive listing than provided in the Prior Authorization Guidelines available on Mass General Brigham Health Plan.org.

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Class findings: A system used by CMS, the American Diabetic Association and the American Podiatric Medical Association to documents certain physical and/or clinical findings consistent with the diagnosis and indicating severe peripheral involvement.

Hypertrophic toenails: Enlargement of the nails with abnormal curving (onychogryposis), or massive overgrowth of the toenails (onychauxis).

Mycotic: Infected with fungus. Symptoms of a mycotic nail include thickening and yellowing of nails. In severe conditions, the nail may come loose from the nail bed and a secondary infection may

Provider Payment Guidelines

develop. Debridement of these toenails may be warranted in the presence of secondary infection and pain to a degree that ambulation is limited.

Nail Debridement: The removal of all diseased nail to the nail bed or viable nail plate or to the point where bleeding is imminent. Simply trimming the ends of the toenails by cutting or grinding is not considered debridement.

NPI: National Provider Identifier, a 10-digit number and the standard unique identifier for health care providers

Systemic condition: A condition affecting the entire body, rather than a single organ or body part. For example: An infection that is in the bloodstream is called a systemic infection. An infection that affects only one body part or organ is called a localized infection.

Mass General Brigham Health Plan Reimburses

- Nail debridement associated with ICD-10 diagnosis supporting medical necessity and listed in the tables below.

Mass General Brigham Health Plan Does *Not* Reimburse

- Claims submitted with diagnosis codes not listed in this policy.
- Services provided in excess of established parameters, as indicated by current medical literature and/or standards of practice.

Provider Payment Guidelines Documentation

Submit a primary diagnosis from the table listed below, in addition to a secondary diagnosis from either Group 2 or Group 3, listed below to support the medical necessity for reimbursement of the procedure, including all debridement specific anomalies of the nails (e.g., psoriatic nails).

Diagnosis codes listed below followed by an asterisk (*), require documentation in the medical record supporting the medical necessity of the procedure.

Claims submitted with diagnosis codes not listed in this policy are not reimbursable. Services provided in excess of established parameters, as indicated by current medical literature and/or standards of practice may be subject to review for medical necessity.

Provider Payment Guidelines

Documentation

Absent a systemic condition, the following documentation is required for mycotic nails:

- The affected toe(s), including clinical evidence of mycosis, the manner in which and to what extent the nail(s) were debrided, and the anti-fungal agent used (if applicable) in the office/progress note.
- Clinical evidence of toenail mycosis indicated by 3 of 5 of the following:
 - Nail hypertrophy/thickening
 - Lysis or loosening of the nail plate
 - Discoloration
 - Brittleness, and/or
 - Subungual debris
- The qualifying symptoms:
 - The ambulatory patient has a marked limitation in ambulation, pain (other than just “painful nails”), or secondary infection resulting from thickening and dystrophy;
 - The non-ambulatory patient suffers from pain (other than just “painful nails”), or secondary infection resulting from the thickening and dystrophy of the infected nail plate(s).

Based on the presence of a systemic condition, the following documentation is required for mycotic nails:

- Diagnosis code of covered indication
- Systemic condition diagnosis code
- Class finding modifier of Q7, Q8, or Q9:
 - One Class A Finding reported with modifier **Q7**:
 - Non-traumatic amputation of foot or integral skeletal portion thereof;
 - Two Class B Findings reported with modifier **Q8**:
 - Absent posterior tibia pulse,
 - Absent dorsalis pedis pulse, or
 - Advanced trophic changes,
 - **AND** 3 of the following to equal 1 Class B Finding:
 - Hair growth that is absent or decreased
 - Nail changes with thickening

Provider Payment Guidelines

- Pigmentary changes with discoloration
- Skin texture changes noted to be thin and shiny
- Skin color with rubor or redness, **OR**
- One Class B and Two Class C Findings reported with modifier **Q9**:
 - Claudication;
 - Temperature changes (e.g., cold feet);
 - Edema;
 - Paresthesias (abnormal spontaneous sensations in the feet);
 - Burning
- Systemic conditions may cause neurologic and peripheral vascular disease and most commonly represent the underlying conditions that might justify coverage for debridement or toenails.
- Name and NPI of referring / ordering physician actively treating the patient's condition, as well as the date last seen. Actively treating means that the patient has been seen for treatment and or evaluation of the complicating condition 6 months prior to, or 30 days after the nail debridement procedure.

Procedures Codes

CPT Codes	Descriptor
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s); six or more

ICD-10 Codes That Support Medical Necessity

PRIMARY DIAGNOSIS: One of the following must be present on the claim.	
Diagnosis Code	Descriptor
B35.1	Tinea unguium
L60.0	In-growing nail
L60.1	Onycholysis
L60.2	Onychogryphosis

Provider Payment Guidelines

PRIMARY DIAGNOSIS: One of the following must be present on the claim.	
L60.3	Nail dystrophy
L60.4	Beau's lines
L60.8	Other specified disease of nail
Q84.3	Anonychia
Q84.4	Congenital leukonychia
Q84.5	Enlarged and hypertrophic nails
Q84.6	Other congenital malformations of nails

AND

A SECONDARY DIAGNOSIS in Group 2 , below, in addition to one of the above primary diagnosis must be present on the claim.	
Diagnosis Code	Descriptor
A30.0-A30.9	Leprosy (Hansen's disease)
A52.11 – A52.3	Symptomatic neurosyphilis
E08.00 – E11.9*	Diabetes mellitus
E52*	Niacin deficiency [pellagra]
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.249	Niemann-Pick disease, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E85.0 – E85.9	Amyloidosis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D68.8 – D68.9	Other and unspecified coagulation defects
G35	Multiple sclerosis
G60.0-G63	Polyneuropathies and other disorders of the peripheral nervous system
I70.2xx	Arthrosclerosis of native arteries of the extremities
I73.1	Thromboangiitis obliterans (Buerger's Disease)
I73.9	Peripheral vascular disease, unspecified
I80.10-I80.9*	Phlebitis and thrombophlebitis
K90.0*	Celiac disease
K90.1	Tropical sprue

Provider Payment Guidelines

A SECONDARY DIAGNOSIS in Group 2, below, in addition to one of the above primary diagnosis must be present on the claim.

N18.x	Chronic kidney disease (CKD)
S74.xxxx	Injury of nerves at hip and thigh level
S84.xxxx	Injury of nerves at lower leg level
S94.xxxx	Injury of nerves at ankle and foot level

* Covered only when patient is under active care of a Doctor of Medicine or osteopathy who documents the conditions.

OR

A SECONDARY DIAGNOSIS in Group 3, below, in addition to one of the above primary diagnosis must be present on the claim.

Diagnosis Code	Descriptor
B35.3	Tinea pedis
L03.039	Cellulitis of unspecified toe
L03.049	Acute lymphangitis of unspecified toe
R26.2	Difficulty in walking, not elsewhere classified
M79.609	Pain in unspecified limb

Related Mass General Brigham Health Plan Payment Guidelines

[Routine Foot Care](#)

References

[CMS Local Coverage Determination \(LCD\) - Routine Foot Care and Debridement of Nails \(L33636\)](#)

[MassHealth Physician Manual](#)

Publication History

Topic: Nail Debridement	Owner: Network Management
-----------------------------------	-------------------------------------

March 4, 2010

Original Documentation

February 1, 2012

Authorization grid, cost sharing, references, and disclaimer updated

March 1, 2012

Authorization Grid updated

Provider Payment Guidelines

<i>September 2, 2015</i>	<i>ICD-10 codes added</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated</i>
<i>January 1, 2023</i>	<i>Document rebrand; updated references</i>
<i>January 1, 2024</i>	<i>Annual review, no policy change</i>
<i>January 1, 2025</i>	<i>Annual review, no policy change</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.