

NAIL DEBRIDEMENT

Policy

NHP reimburses participating providers for medically necessary debridement of hypertrophic toenails associated with systemic conditions, or mycotic nails in the absence of systemic conditions.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Nail Debridement	No authorization, notification or referral required
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

Limitations

Nail debridement services are covered in accordance with the ICD-9 diagnosis codes contained herein.

Note: This is a more expansive listing than provided in the Prior Authorization Guidelines available on NHP.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 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.

Neighborhood Health Plan Reimburses

- Nail debridement associated with ICD-9 diagnosis supporting medical necessity and listed in the tables below.

Neighborhood 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.

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
 - Subungal 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; **OR**

- 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
 - 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-9 Codes That Support Medical Necessity

PRIMARY DIAGNOSIS: One of the following must be present on the claim.	
Diagnosis Code	Descriptor
110.1	Dermatophytosis of nail

Nail Debridement

703.0	In-growing nail
703.8	Other specified disease of nail
757.5	Specified congenital anomalies 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
030.0-030.9	Lepromatous leprosy (Type L) - Leprosy unspecified
094.0-094.9	Tabes dorsalis-neurosyphilis unspecified
249.0-250.93*	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified-diabetes with unspecified complication, Type I (juvenile type), uncontrolled.
265.2*	Pellagra
272.7	Lipidoses
277.30	Amyloidosis
277.31	Familial Mediterranean fever
277.39	Other amyloidosis
281.0*	Pernicious anemia
286.9	Other and unspecified coagulation defects
340*	Multiple sclerosis
356.0-357.9	Hereditary peripheral neuropathy-unspecified inflammatory and toxic neuropathies
440.20-440.29	Atherosclerosis of native arteries of the extremities unspecified-other atherosclerosis of native arteries of the extremities
443.1	Thromboangiitis obliterans (Buerger's Disease)
443.9	Peripheral vascular disease unspecified
451.11-451.9*	Phlebitis and thrombophlebitis of femoral vein (deep) (superficial)-phlebitis and thrombophlebitis of other
579.0*	Celiac disease
579.1	Tropical sprue
585.X*	Chronic kidney disease(CKD)
956.0-956.9	Injury to sciatic nerve-injury to unspecified nerve of pelvic girdle and lower limb
* 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
110.4	Dermatophytosis of foot

Nail Debridement

681.10-681.11	Unspecified cellulitis and abscess of toe-onychia and paronychia of toe
719.7	Difficulty in walking
729.5	Pain in limb

Related NHP Payment Guidelines

NHP Routine Foot Care Provider Payment Guidelines

References

Local Coverage Determination for Toenail Debridement Services, L3176, original effective date: November 30, 1994, revision R 18, effective 2011/05/12.

Publication History

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

2010 03 04 *Original Documentation*

2012 02 01 *Authorization grid, cost sharing, references, publication history format, and disclaimer updated*

2012 03 16 *Authorization grid updated*

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. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at prweb@nhp.org.