NAIL DEBRIDEMENT

Required for all CPT/HCPCS codes	Yes	No
Does all documentation meet signature requirements and include the name, signature and credentials of the person performing the service?	☐	☐
Does documentation indicate claim is for routine foot care services performed in the absence of localized illness, injury, or systemic disease involving the foot?	☐	☐
Is an approved primary diagnosis representing dermatophytosis of nail and secondary diagnosis representing systemic condition or infection/pain documented?	☐	☐
• 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 *Additional modifier indicating specific toe treated, Ta-T9. Is the appropriate modifier appended, or correct if modifier not required?	☐	☐
Does the treatment note include the name, signature and credentials of the person perfoming the service?	☐	☐
Does the medical record contain a description of each nail which requires debridement that are precise and specific (e.g., left great toe, or right foot, 4th digit.)? This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local symptomatology caused by each affected nail resulting in the need for debridement.	☐	☐
Has it been at least 61 days since last treatment?	☐	☐

Required for debridement with systemic disease	Yes	No
Does the documentation support the patient have a systemic disease of sufficient severity that performance of such services by a nonprofessional would put patient at risk?	☐	☐
Does the documentation support severe peripheral involvement by one Class A findings, two Class B findings OR one class B AND two Class C findings? **Class A findings** • Non-traumatic amputation of foot or integral skeletal portion thereof **Class B findings** • Absent posterior tibial pulse • Advanced trophic changes as evidenced by any three of the following: 1. Hair growth (decrease or increase) 2. Nail changes (thickening) 3. Pigmentary changes (discoloring) 4. Skin texture (thin, shiny) 5. Skin color (rubor or redness); and absent dorsalis pedis pulse **Class C findings** • Claudication • Temperature changes (e.g., cold feet) • Edema • Paresthesias (abnormal spontaneous sensations in the feet) • Burning	☐	☐
Does the documentation support the patient is under active care of MD, DO or qualified non-physician practitioner?	☐	☐

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NAIL DEBRIDEMENT

Absence of systemic disease	Yes	No
Does documentation indicate claim is for routine foot care services performed in absence of localized illness, injury, or systemic disease involving the foot?	☐	☐
Is the patient ambulatory? If ambulatory: • Is there 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? OR • Does documentation support the patient has onychogryphosis or Onychauxis with marked limitation of ambulation, pain, and/or secondary infection?	☐	☐
Is the patient nonambulatory? If non-ambulatory: • Is there 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?	☐	☐

References

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34246&ver=24&CntrctrSelected=239*1&Cntrctr=239&name=CGS+Administrators%2C+LLC+(15101%2C+MAC+-+Part+A)&DocType=2&LCntrctr=239*1&bc=AgACAACAIAAAAAAA&=

Article—Billing and Coding: Routine Foot Care and Debridement of Nails (A57193)
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57193&ver=21

Internet Only Manual 100-2 Chapter 15 Section 290

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