

RFC Billing & Coding Refresher

June 29, 2022

Ingrown nails can be a medically necessary diagnosis for podiatry care, even in the absence of a systemic condition. Coverage depends on the procedure that is being performed, and the type of insurance the patient has. Benefits should always be verified before a service is performed to confirm if a procedure will be covered by the patient's plan. Below are the basic coverage criteria for common nail procedures (using Medicare guidelines):

Nail Avulsions (CPT codes 11730 & 11732) are minor surgery procedures where ingrown nails are a covered diagnosis for treatment (whether or not anesthesia is used) [Article - Billing and Coding: Incision and Drainage \(I&D\) of Abscess of Skin, Subcutaneous and Accessory Structures \(A56766\) \(cms.gov\)](#)

Nail Debridement (CPT codes 11720 & 11721) and nail trimming (**CPT code 11719 & HCPCS code G0127**) are routine foot care services where in the absence of a systemic condition, this would be covered with specific ingrown nails as a primary diagnosis (onychogryphosis or onychiauxis), as long as there is a covered secondary diagnosis reported (see details in the attached link) [Article - Billing and Coding: Routine Foot Care and Debridement of Nails \(A57759\) \(cms.gov\)](#)