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# Medicare

## Comments and Responses Regarding Draft Local Coverage Determination: Incision and Drainage (I & D) of Abscess of Skin, Subcutaneous and Accessory Structures

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As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Incision and Drainage (I & D) of Abscess of Skin, Subcutaneous and Accessory Structures LCD. The official notice period for the final LCD begins on November 17, 2008, and the final determination will become effective on January 1, 2009.

*Comment:* A commenter questioned the utilization guideline which states "Multiple abscesses or fluid collections in the same patient requiring drainage, more than two times per year in the same location is uncommon. Services exceeding this parameter will be considered not medically necessary." They could imagine a patient with hidradenitis having recurrent abscesses. These patients are typically treated with repeated incision and drainage procedures, more than two per year. The definition of hidradenitis is that a patient has recurrent abscesses in the same location.

*Response:* We will revise the LCD to include ICD-9-CM code 705.83 (hidradenitis) as an exclusion to the utilization guideline. The documentation must be clear as to the reason more definitive therapy is not appropriate.

*Comment:* Another commenter also expressed concern regarding the aforementioned parameter. Diabetics may heal and then have a reoccurrence within a six month period or encounter a problem in a different area of the foot.

*Response:* Although the presented scenario may occur, it is the exception and not the rule. These cases may be handled on an individual basis on appeal. The LCD encourages the provider to consider other treatments for recurrent abscesses.

*Comment:* A commenter requested the definition of "paraonychia" be clarified in terms of "inflammation" versus "infection".

*Response:* Paronychia due only to inflammation do not require incision and drainage. The LCD applies only to those paraonychia which are abscessed and require an incision and drainage.

*Comment:* A commenter requested the inclusion of ICD-9-CM code 959.7 for trauma to the “ICD-9-CM Codes that Support Medical Necessity” section of the LCD.

*Response:* ICD-9-CM 959.7 alone is not an indication for an incision and drainage procedure. The ICD-9-CM code will not be added to the LCD.

*Comment:* A commenter questioned the nomenclature for CD-9-CM code 706.2 code (sebaceous cyst) in the “ICD-9-CM Codes that Support Medical Necessity” section.

*Response:* The Medicare Coverage Database will not permit a change to be made to the nomenclature.

*Comment:* A commenter indicated that physicians perform incision and drainage procedures on subungual hematomas frequently. All hematomas code to contusions. None of the contusion ICD-9-CM codes are listed in the “ICD-9-CM Codes that Support Medical Necessity” section of the LCD. If physicians are required to code a hematoma to a contusion and it is the Contractor’s intent to cover an incision and drainage procedures for a hematoma, we should consider adding the contusion ICD-9-CM codes to the “ICD-9 Codes that Support Medical Necessity” section of the LCD. Also contusion ICD-9-CM codes are included in the open wound ICD-9-CM codes. The commenter requests the open wound ICD-9-CM codes be added as well.

The commenter also questioned the reason ICD-9-CM code 680.0 (carbuncle and furuncle of face) is not listed as a covered diagnosis in the “ICD-9-CM Codes that Support Medical Necessity” section of the LCD. Physicians perform incision and drainage procedures on carbuncles of the face and they believe this ICD-9-CM code should be added.

Another commenter also requested under the “Limitations” section that CPT code 10140 should be payable for ICD-9-CM codes 924.20, 924.21, 924.3, 924.4, 928.20, 928.21, 928.3, 928.8, and 958.92. Podiatrists treat contusions, crush injuries and trauma resulting in hematomas which require an incision and drainage.

*Response:* We agree and we will add all of the suggested ICD-9-CM codes with the exception of ICD-9-CM code 958.92 to both sections of the LCD due to the fact that the ICD-9-CM codes for hematoma are referred to contusions. In addition, we will add the following ICD-9-CM codes: 920, 922.0, 922.1, 922.2, 922.31, 922.32, 922.33, 922.4, 922.8, 923.00, 923.01, 923.02, 923.03, 923.09, 923.10, 923.11, 923.20, 923.21, 923.3, 923.8, 924.00, 924.01, 924.10, 924.11, 924.5, 925.1, 925.2, 926.0, 926.11, 926.12, 926.19, 926.8, 927.00, 927.01, 927.02, 927.03, 927.09, 927.10, 927.11, 927.20, 927.21, 927.3, 927.8, 928.00, 928.01, 928.10 and 928.11.

*Comment:* A commenter stated if paronychia is considered a nail margin inflammation, then removing a portion of the nail plate and relieve the pressure with packing is appropriate. However, if there is an infection, then an incision and drainage is needed. CPT code 10060 or 10061 is appropriate in this case.

*Response:* We agree if an infection is present and incision and drainage is necessary, then it is appropriate to report CPT code 10060. If no infection is present, and the nail plate is removed to relieve pressure, then it is inappropriate to use the incision and drainage CPT codes.

*Comment:* A commenter stated there are times when the nail (plate total or partial) needs to be avulsed in order to perform the incision and drainage for the abscess. Therefore, CPT codes 10060 or 10061 is the appropriate and CPT code 11730 is incidental. This is consistent with the National Correct Coding Initiative (NCCI) which bundles CPT code 11730 into CPT codes 10060 and 10061. We believe the LCD should be consistent with NCCI.

*Response:* If the avulsion of the nail plate alone is sufficient to drain the abscess, this is the service which should be billed, (i.e. 11730). If, however, it is necessary to remove part of the nail plate in order to complete the drainage of the abscess, then the incision and drainage codes are appropriate. We believe this is appropriately explained in the LCD and no change is necessary.