

1 **Clinical Practice Guideline: Nail Hematoma Evacuation**

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3 **Date of Implementation: September 17, 2015**

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5 **Product: Specialty**

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8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) considers services consisting of CPT® Code
 10 11740 to be medically necessary, for nail hematoma evacuation **upon meeting all of the**
 11 **following criteria:**

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- 13 1. When supported by **1 or more of the following diagnoses:**

14

15 **ICD-10 Codes and Descriptions**

ICD-10 Code	ICD-10 Code Description
S97.101A - S97.129S	Crushing injury of toe(s)
S90.111A - S90.229S	Contusion of toe

16

17 **AND**

18

- 19 2. Pain present.

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21 **CPT® Codes and Descriptions**

CPT® Code	CPT® Code Description
11740	Evacuation of subungual hematoma

22

23 **BACKGROUND**

24 A subungual hematoma is a collection of blood under the toenail. It can be caused by a
 25 traumatic crush injury to the toe or repetitive trauma, such as what may occur in runners or
 26 dancers. Other uncommon causes include melanoma, chemotherapy treatment, Kaposi’s
 27 sarcoma, and other tumors. Given the anatomy of the nail, these hematomas can be very
 28 painful. Nail beds have good arterial blood flow. Trauma damages the blood vessels, and
 29 the result is bleeding under the nail that puts pressure on the nerve endings, causing local
 30 pain.

31

32 For acute (less than 48 hours) subungual hematomas, the most common treatment is to
 33 trephine, or make a hole, in the nail to release the blood to reduce the pressure to relieve
 34 the pain (Pingel and McDowell, 2022). Other authors recommend that when the hematoma
 35 covers 50% of the nail, it should be removed, and the nail bed repaired. However, a study

1 by Batrick et al. (2003) concluded that there are insufficient studies to support the removal
 2 and repair procedure. The trephining procedure for a simple subungual hematoma provides
 3 good functional and cosmetic results in adults and children with no additional injury.

5 **PRACTITIONER SCOPE AND TRAINING**

6 Practitioners should practice only in the areas in which they are competent based on their
 7 education, training, and experience. Levels of education, experience, and proficiency may
 8 vary among individual practitioners. It is ethically and legally incumbent on a practitioner
 9 to determine where they have the knowledge and skills necessary to perform such services
 10 and whether the services are within their scope of practice.

11
 12 It is best practice for the practitioner to appropriately render services to a member only if
 13 they are trained, equally skilled, and adequately competent to deliver a service compared
 14 to others trained to perform the same procedure. If the service would be most competently
 15 delivered by another health care practitioner who has more skill and training, it would be
 16 best practice to refer the member to the more expert practitioner.

17
 18 Best practice can be defined as a clinical, scientific, or professional technique, method, or
 19 process that is typically evidence-based and consensus driven and is recognized by a
 20 majority of professionals in a particular field as more effective at delivering a particular
 21 outcome than any other practice (Joint Commission International Accreditation Standards
 22 for Hospitals, 2020).

23
 24 Depending on the practitioner’s scope of practice, training, and experience, a member’s
 25 condition and/or symptoms during examination or the course of treatment may indicate the
 26 need for referral to another practitioner or even emergency care. In such cases it is prudent
 27 for the practitioner to refer the member for appropriate co-management (e.g., to their
 28 primary care physician) or if immediate emergency care is warranted, to contact 911 as
 29 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice
 30 guideline for information.

31 **References**

- 32 American College of Ankle and Foot Surgeons (ACFAS) Position statement on cosmetic
 33 surgery (2020). Retrieved on February 12, 2024 from: <https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery>
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 37 American Medical Association. (current year). Current Procedural Terminology (CPT)
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 40 American Medical Association. (current year). ICD-10-CM. American Medical
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2 hematoma. *Emergency Medicine Journal*, 20(1), 65
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- 4 Baxter, D. E., Porter, D. A., & Schon, L. (2008). *Baxter's the Foot and Ankle in Sport:*
5 *Mosby Elsevier*
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- 7 Pingel, C., & McDowell, C. (2022). Subungual Hematoma Drainage. In *StatPearls.*
8 *StatPearls Publishing*
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- 10 Joint Commission International. (2020). *Joint Commission International Accreditation*
11 *Standards for Hospitals (7th ed.): Joint Commission Resources*