

## Dermatology Coding Alert

### Here's How to Keep Nail Bed Repair, Nail Avulsion Separate

#### Look to removal and repair to decide which code you should report

When your dermatologist performs nail-related procedures, you should know if the physician permanently removed the nail matrix or left it intact to foster nail growth.

#### 1. Did the dermatologist permanently remove the entire damaged nail from the nail bed?

When a patient with a damaged nail comes to the dermatologist, the dermatologist may decide to completely remove the nail from the nail bed and suture the nail bed into an appropriate position for healing, says **William J. Conner, MD**, physician at Meridian Medical Group, a multispecialty practice in Charlotte, N.C.

**The big difference:** Nail excision (11750, Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail] for permanent removal) specifies \"for permanent removal.\" The nail matrix is the tissue at the base of the nail where all nail growth originates. Even though the procedure is called a matrixectomy, the procedure usually includes a component that involves using a chemical called phenol, which kills the growth cells, preventing a new nail from forming.

Dermatologists may sometimes perform a true excision, which requires suture closure. In such a case, you can report 11760 (Repair of nail bed) for repair of the nail bed when the procedure requires suture closure.

Case example: A patient comes into the office to have the dermatologist look at a mole she thinks is suspicious, says **Linda Martien, CPC, CPC-H**, coding consultant at National Healthcare Review Inc. in Woodland Hills, Calif. She also asks the dermatologist to look at her toe, which she stubbed on a piece of furniture the night before. The nail is split from the front edge all the way back into the base (matrix) of the nail. Part of the nail is also missing, and the nail bed is torn in two places.

After examination, the dermatologist decides that he cannot save the nail. The nail matrix is also damaged severely, and healthy nail regrowth will not be possible. After the dermatologist administers adequate local anesthesia, he performs a matrixectomy and also removes any remaining nail. He applies phenol, and he closes the matrix tears with sutures, Martien says.

You should report 11750 because the dermatologist removed the nail permanently and the nail matrix required sutures for proper healing.

Warning: Because there is a higher rate of infection with destruction of the matrix (11750), this procedure has a 10-day global period and post-op visits to ensure that no complications, such as infection, are included, coding experts say.

#### 2. Did the dermatologist remove the damaged nail from the nail bed to foster regrowth of the nail?

When the dermatologist performs avulsion (11730, Avulsion of nail plate, partial or complete, simple; single), he removes the existing nail or partial nail. Because the nail plate, or matrix, is left untouched, the nail should regrow.

**Case example:** A patient has been seeing his dermatologist for treatment of a nail fungus. Today he presents to the office limping slightly and with his foot wrapped. He caught his foot in a sliding door at home. The dermatologist notes that the patient has a bruised great toe and that the nail is partly torn from the toe. But the nail matrix is unharmed.

The dermatologist injects the toe with lidocaine for anesthesia and carefully cuts away the damaged portion of the nail, leaving the nail matrix and one-third of the nail itself. The dermatologist then applies a dressing. The nail matrix is

unharmful, so you should report nail avulsion (11730) because the dermatologist did not remove the nail permanently and the nail should regrow, coding experts say.

Note: As of July 1, make sure you never report 11730 with J2001 (Injection, lidocaine HCl for intravenous infusion, 10 mg) because they are now non-mutually exclusive, according to the 10.2 NCCI edits.

For more discussion on other non-mutually exclusive codes that will impact your dermatology practice, see ["Don't Report J2001 With 223 Dermatology Codes"](#).