

Dermatology Coding Alert

Reader Question: Nail the Correct Excision Code and Collect \$80

Question: Could you please discuss \"nails\" as covered in the integumentary system section of CPT? When is a nail bed repair just that as opposed to tuft fracture? When is it proper to charge an avulsion if the nail is mostly avulsed?

Nebraska Subscriber

Answer: The repair of nail bed and tuft fracture are injuries that dermatologists frequently find with a trauma, such as a crush injury of the hand. You can usually report most of the procedures performed in those cases.

Code 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail] for permanent removal) involves removal of all or part of a fingernail or toenail, including the nail plate and matrix. The dermatologist destroys the germ matrix using electro-cautery or excision. Report code 11752 (...with amputation of tuft of distal phalanx) if the dermatologist removes the entire tuft of the distal phalanx.

With 11730 (Avulsion of nail plate, partial or complete, simple; single), the dermatologist enlarges and removes all or part of a nail. The dermatologist bluntly dissects the nail plate from the nail bed. He may close small wounds with simple repair. If the wound requires immediate reconstruction with local flaps, you can report these separately. Digital blocks are used to numb the top of the digit.

As in all reporting, you must report a significant procedure. If the nail is hanging by a thread and is simply snipped off (no digital block required), do not report 11730. As always, documentation must support any services performed.