

Dermatology Coding Alert

Reader Questions: Be Careful- Excisions May Stump Cauterizations

Question: A patient presents for a follow-up of an ingrown toenail. The physician finds that the patient now has two ingrown toenails - one on each foot. The physician removes both from each toe and also did a silver nitrate cauterization.

Should I report the following codes: 99212, 11750, 11750-50, 17250?

New Hampshire Subscriber

Answer: Your claim is partially correct. You should report 99212-25 as well as 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail] for permanent removal) and 11750-50 (Bilateral procedure), but not 17250 (Chemical cauterization of granulation tissue [proud flesh, sinus or fistula]).

E/M: Because the diagnosis is new to one toe, you could justify 99212 (Office or other outpatient visit for the evaluation and management of an established patient ...). The patient presents for follow-up of one ingrown toenail. The physician, however, has not previously examined the other now ingrown toenail.

You should also append modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to 99212. The modifier indicates the physician performs a significant, separate service from the ingrown toenail removal.

Be prepared to fight with the managed-care organization for E/M payment. Send a copy of the records indicating that the previous visit didn't involve the other toe nail.

Excision: You should code each toenail removal.

Don't miss: Report 11750 for the first complete removal and 11750 for the second removal.

You correctly append modifier -50 to the second 11750. The modifier tells the insurer that the physician performs the toenail removal as a bilateral procedure.

Cauterization: You shouldn't use 17250. The excision codes that you are reporting preempt the cauterization code.