Dermatology Coding Alert

READER QUESTIONS: Do Excision Codes Override 17250? Read On

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 removed both from each toe and also did a silver nitrate cauterization.I believe that we should report the following codes, but my physician disagrees:

1. 99212
2. 11750
3. 11750 with modifier -50
4. 17250.

Would you please tell us the correct coding solution for this scenario?

Kansas Subscriber

Answer: Your claim is partially correct. You should code 99212 with modifier -25 as well as 11750 and 11750 with modifier -50, but you should not report 17250.

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, but the physician 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 that the dermatologist 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 ingrown toenail.

Excision: You should code each toenail removal. Report 11750 for the first complete nail removal and 11750 for the second nail removal.

You correctly appended modifier -50 (Bilateral procedure) to the second 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail] for permanent removal). The modifier tells the insurer that the pediatrician performs the toe removal as a bilateral procedure.

Cauterization: You shouldn\'t report 17250 (Chemical cauterization of granulation tissue [proud flesh, sinus or fistula]). The excision codes that you are reporting preempt the cauterization code.