Dermatology Coding Alert

You Be the Coder: Toenail Excisions and 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), 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 theother 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 toenail.

Excision: You should code each toenail removal.

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

You would not use modifier 50 with 11750. Instead, use modifier 59 (Distinct procedural service) because a person has 20 nails, not two as in eyes. Report 11750-T5 (Right foot, great toe), 11750-59-TA (Left foot, great toe).

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