Internal Medicine Coding Alert

Reader Question: Reporting Digital Block With Excision

Question: Our internist performed a toenail excision and nail bed repair with a digital block. Can we report both the nail excision and the digital block?

New York Subscriber

Answer: The repair of nail bed and tuft fracture are procedures that your physician may occasionally perform because of trauma, such as a crush injury of the foot or due to a diseased nail.

For the toenail excision, you should report 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail] for permanent removal). This code involves removal of all or part of a fingernail or toenail, including the nail plate and matrix.

If your clinician removes the entire tuft of the distal phalanx, you should report 11752 (... with amputation of tuft of distal phalanx) instead.

If your internist enlarges and removes all or part of a nail, you can report 11730 (Avulsion of nail plate, partial or complete, simple; single). For this procedure, your clinician bluntly dissects the nail plate from the nail bed. He may close small wounds with simple repair.

Your physician may use digital blocks to numb the top of the digit, but you should not separately report 64450 (Injection, anesthetic agent; other peripheral nerve or branch) for the digital block, because this procedure is included in the surgery based on CPT®'s definition of a "surgical package." CPT® surgery guidelines specify that the surgical package includes "local infiltration, metacarpal/metatarsal/digital block or topical anesthesia.

In addition, the National Correct Coding Initiative bundles 64450 into 11750, 11752 and 11730.

As is the case with all surgical codes, you must report a significant procedure. For instance, if the nail is hanging by a thread and your physician simply snipped it off (no digital block required), do not report 11730. As always, documentation must support any services performed.