

Internal Medicine Coding Alert

Reader Questions: Nail Hematoma Treatment With These Key Terms

Question: An established patient presents to the internist after a golfing accident; he crushed the tip of his right thumb in a ball-washer. After a level-two E/M, the internist used trephination to evacuate a subungual hematoma, according to the notes. How should I code this procedure?

Michigan Subscriber

Answer: A subungual hematoma occurs when blood (or other purulent fluid) collects between the nailbed and the fingernail. This injury causes painful pressure to build in the affected digit, which the physician can relieve through trephination (burring of a small hole into the nail) with an electrocautery tool.

On your claim, report the following:

- 11740 (Evacuation of subungual hematoma) for the evacuation
- 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making ...) for the E/M
- modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99212 to show that the E/M and evacuation were separate services
- 703.8 (Other specified diseases of nail) appended to 11740 and 99212 to represent the patient's injury
- E917.0 (Striking against or struck accidentally by objects or persons; in sports without subsequent fall) appended to 11740 and 99212 to represent the cause of the patient's injury.

Bundle warning: Do not report 11740 if the internist performs subungual hematoma drainage, along with either a nail avulsion or nail bed repair, on the same injury. The codes for these two procedures -- 11730 (Avulsion of nail plate, partial or complete, simple; single) and 11760