Internal Medicine Coding Alert

You Be the Coder: Learn How To Report Reconstruction with Nail Plate Avulsion

Question: Our internal medicine specialist reconstructed the nail bed on a patient's left great toe, and performed avulsion of the nail of the second digit of the right foot. How should I report it?

Michigan Subscriber

Answer: For reconstruction of the nail bed, you report it with 11762 (Reconstruction of nail bed with graft). You report the avulsion procedure that your internist performed with 11730 (Avulsion of nail plate, partial or complete, simple; single).

You should use these HCPCS site modifiers in addition to modifier 59 when coding 11762 and 11730 separately:

- TA -- Left foot, great toe
- T1 -- ...second digit
- T2 -- ... third digit
- T3 -- ... fourth digit
- T4 -- ... fifth digit
- T5 -- Right foot, great toe
- T6 -- ... second digit
- T7 -- ... third digit
- T8 -- ... fourth digit
- T9 -- ... fifth digit.

So, in this case scenario, you will have to report 11762-TA and 11730-T6. But, according to Correct Coding Initiative (CCI) edits, you will run into edit bundles if you are trying to report 11730 with 11762. These bundles allow separate reporting if clinically necessary, with the appropriate modifier appended to the component (Column 2) code. Since 11730 is the column 2 code, you will have to append the modifier to this code. If the different HCPCS modifiers are inadequate to let the payer know that separate toes were involved, then the modifier that you will append is 59 (Distinct procedural service). You can append this in addition to T6, if your claim form/billing software permits more than one modifier to be appended to a given code.

Remember: You will need to make sure that these procedural codes would not be used together on the same site. Instead, they would have had to be performed on different nails. You will need to list modifier 59 first with the location modifier second. So, your reporting in this case scenario should be 11762-TA and 11730-59-T6.