

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Look to 11750 for Ingrown Toenail Removal

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 does a silver nitrate cauterization. Should I report 99212-25?

Answer: Yes. Besides coding 99212-25, you should bill 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail], for permanent removal) appended by modifier 50 (Bilateral procedure).

Logic for 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 which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination, and straightforward medical decision making; Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service). The patient presents for follow-up of one ingrown toenail. The physician, however, has not previously examined the other (new) ingrown toenail.

Appending 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 indicates the physician performs a significant, separate service from the ingrown toenail removal.

Logic for excision: You should report each toenail removal: 11750 for the first complete removal and 11750 for the second removal. Appending modifier 50 to the second removal tells the insurer that the podiatrist performs the toe removal as a bilateral procedure.