

# 11755

## Let's Talk About Nail Biopsies

Be judicious in the use of CPT code 11755.

BY MICHAEL J KING, DPM

**F**requently, we coding “experts” are asked about the billing for nail biopsies vs simple clippings for PAS stains or similar. Let’s clarify a few points about this process and what really constitutes a nail biopsy.

It is good clinical practice, and perhaps even a standard of care, for we DPMs, and anyone who treats nail and skin disease, to get a pathological analysis of just what may be the culprit of the condition. Dystrophic, yellow, “mycotic” nails are some of the most common conditions we treat, even though we may be a surgical specialty. Historically, we have treated those conditions in a myriad of approaches from the topical agents to oral medications and even to nail avulsion. We have relied upon our clinical judgment in the majority of those cases and have done relatively well in that regard.

If we want to be more precise in our management, we now have a larger armamentarium of testing options to help us manage those nail diseases... PAS, GMS, nail biopsy, and even PCR in those recalcitrant, failed treatment cases. PAS remains the gold

standard of diagnosis and the most cost-effective. So, taking a sample of the nail tissue with a simple clipping allows us the tissue needed for such a test. This is NOT a biopsy. This is a *clipping* for which payment is included in our trimming, debridement, or perhaps even in our E&M service.

11755. CPT assistant articles from 2002 and 2004 clarified what even back then was a concern. The article states that CPT code 11755 is **not intended** to be reported when obtaining nail clippings or nail scrapings for purposes of performing a fungal culture, KOH preparation, stain or test,

**CPT code 11755 is not intended to be reported when obtaining nail clippings or nail scrapings for purposes of performing a fungal culture, KOH preparation, stain or test, or PAS stain.**

A true nail biopsy is described in the CPT documents as:

*Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)*

There is nothing within this definition to indicate that obtaining “nail clippings” and submitting them to pathology demonstrates that a “biopsy of a nail unit” was performed, and it is appropriate to bill CPT code

or PAS stain. These activities are part of an evaluation and management visit involving the medical management of the nail condition.

When medically appropriate, nail trimming and/or nail debridement services should be indicated with the specific codes. The article states, “The nail plate and nail bed may be biopsied using one of several techniques. A small punch may be used to obtain

*Continued on page 44*

## *Nail Biopsies (from page 43)*

a tissue sample. The punch is placed on the nail plate and pushed down through the plate and into the nail bed. The punch is removed, and the specimen is gently pried out of the

the lateral nail folds. The tissue is elevated and lifted off the proximal nail plate, a portion of which is removed to access the nail matrix. A punch or scalpel is used to remove the biopsy specimen. The wound is closed with sutures.” Also, no, you cannot bill for

athy. The expectation is that some nail and soft tissue will be tested seeking deeper information than just the pathogen for dystrophy or mycoses. It is anticipated by those auditors that one is seeking information, such as the reasons for pigmentary changes, adverse lesions, or something more potentially devastating than simple mycoses, yeast, or even bacterial invasion.

Be judicious in your use of this code. Use it properly and it can reward you and your patients and help you along the clinical pathway to good care. **PM**

---

### **Use it properly and it can reward you and your patients and help you along the clinical pathway to good care.**

---

hole with a small needle and then cut out with a scissors.

According to *CPT Assistant*, December 2002, “For larger biopsies, a longitudinal incision is made over the affected area with a scalpel and extended down to the periosteum. The specimen is removed, and the wound is closed with sutures. When the nail matrix is biopsied, short longitudinal incisions may be made on either side of the proximal nail fold in line with

a nail avulsion (11730) to access the site for biopsy; it is included in the biopsy code.

The key point here is that if an auditor looks at the biopsy code and your notes, it needs to be made clear that the biopsy was done as expected, and that means with anesthesia of some sort (a little cold spray doesn’t cut it if it’s just a clipping) unless documented it was not necessary, perhaps in the case of neurop-



**Dr. King** is Medical Director of Upperline Healthcare, Inc. and Past President of the APMA.