

Dermatology Coding Alert

Code Separately for Warts and Spare Your Reimbursement

Billing only once for wart destruction could be costing your practice big money. You can bill the add-on code +17003 (Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; second through 14th lesions, each) for each wart your physician destroys, up to the 15th wart. You bill 17000 (Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; first lesion) and then one unit of 17003 for each additional wart. So, your claim should have the code 17000 with one unit, and 17003 with 13 units. You don't want to line item each lesion because this may result in denials for duplicate codes. If the patient has more than 14 lesions, you simply bill 17004 (Destruction ...; 15 or more lesions).

But many coders fail to understand this. Coders "just try to bill 17003 once, and think, "That covers me up through the 14th wart,"" says **Laura Pettigrew** with Methodist Medical Group in Indianapolis. They don't realize they should bill individual units of 17003 for each additional wart the physician destroys.

Look at the reimbursements based on the new 2004 Medicare conversion rate: For code 17000, the reimbursement is about \$62. For code 17003, the reimbursement is about \$10, so if you bill it once, you get \$10. But if you have 14 warts altogether, you will want to list this with 13 units and get \$130. Compare this to code 17004 for 15 or more, in which the code will reimburse \$198.

In other instances, coders believe that all warts are flat warts, and bill 17110 (Destruction, of flat warts, molluscum contagiosum, or milia; up to 14 lesions) by mistake, says **Kathy Pride**, a coding consultant with Quadramed in Port St. Lucie, Fla. Unlike 17003, you can only bill one unit of 17110 for the first 14 warts.

If you look at an illustration of flat warts in a medical book, "They almost look like acne. They all run together," Pride says. But the most common kinds of warts are covered by 17003, not 17110. And the reimbursement for code 17110 is \$94. Documentation in your record must clearly state the number of warts and the types of warts that are removed.

But if the physician excises the warts instead of destroying them, don't bill for more than five units in one day, says **Beth Glenn** with Jefferson Family Physicians in Jefferson City, Tenn. You bill for these using 11400-11471 (Excision - benign lesions), or codes 11055-11057 (Pairing or cutting of benign hyperkeratotic lesion [e.g. corn or callus]; ...) depending on the size of the wart and what else the physician did. In Glenn's experience, Medicare and other payers will almost never pay for excision of more than five warts per day.