

## Dermatology Coding Alert

### Coding Quiz Answers: Find Your Wart Removal Solutions

How did you fare with our four wart removal scenarios? Find the answers, and other expert advice, [here](#).

**Answer 1:** C. Even though your dermatologist performed three different procedures, namely, shaving, cautery, and intralesional injection, you cannot report three CPT® codes for the removal of a single lesion. For this reason, you cannot report 11305 (Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less), 11900 (Injection, intralesional; up to and including 7 lesions) and 17110 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage], of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions) together for this procedure.

Also, Correct Coding Initiative (CCI) edits bundle the CPT® codes 11305 and 11900 into 17110. Even though the modifier indicator is "1," you should not unbundle these codes using a modifier, because your physician is removing a single lesion using three different methods and not three different lesions by these separate techniques.

So, in this case, you will only report 17110 as this represents the most extensive service and accurately describes the service; it forms the column 1 code in the edits, and the other two codes get bundled into 17110.

**Answer 2:** D. You should report code 17110 for treatment of flat warts and molluscum by any method. The provider should be careful not to use the term "biopsy" or "punch biopsy removal" in the documentation or the coder may incorrectly code the procedure, says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas. The coder may, for example, code the procedure as a biopsy, which would result in less reimbursement.

Because code 17110 covers up to 14 lesions, just report the code once for the three warts your dermatologist destroyed.

For the biopsies, submit 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) for the first biopsy. For each separate biopsy after the first one, use add-on code 11101 (...each separate/additional lesion [List separately in addition to code for primary procedure]). In your case, you should submit codes 11100 and 11101 for the two lesions.

**Caution:** Make sure in the documentation that the biopsies have been taken from separate locations and not two biopsies from the same location.

You can use the diagnosis code 238.2 (Neoplasm of uncertain behavior of skin), 709.9 (Unspecified disorder of skin and subcutaneous tissue), or 238.9 (Neoplasm of uncertain behavior site unspecified) for the biopsy before the histopathology is known.

**Answer 3:** B. For the most part, there is a one-to-one correlation between ICD-9 codes and ICD-10 codes for diagnoses of viral warts. All but one of the ICD-9 codes in the 078.1x (Viral warts) series maps to the B07.- (Viral warts) category in ICD-10. ICD-9 code 078.12 (Plantar wart) will be replaced by ICD-10 code B07.0 (Plantar wart), effective Oct. 1, 2015.

Other ICD-10 codes for viral warts are:

- A63.0 ☐ Anogenital (venereal) wart
- B07.8 ☐ Other viral warts
- B07.9 ☐ Viral wart, unspecified.

**Answer 4:** A. CPT® code 11900 specifies the number of lesions treated ☐ in this case, up to and including seven. Your dermatologist only treated two warts, so only one unit of 11900 describes the physician's work.

