

Dermatology Coding Alert

Reader Questions: Avoid Modifiers With +17003

Question: Our dermatologist removed three lesions from a patient's left arm. Should we code the removal with 17000 and [CPT 17003](#) with a modifier, or should we report 17000 and then 17003 twice? Also, when reporting 17003 to a carrier, should we append modifier 51 because 17003 is a subsequent code?

Answer: You should not append any modifiers to +17003 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratoses]; second through 14th lesions, each [List separately in addition to code for first lesion]). Code 17003 is an add-on code you use in conjunction with 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratoses]; first lesion).

Never report add-on codes as stand-alone codes, and remember that they may not be reported with modifier 51 (Multiple procedures).

Example: The dermatologist removes four lesions from a patient's forehead. You would code the procedure with 17000 and 17003 x three units.