

Dermatology Coding Alert

READER QUESTIONS: Question Medicare for 17003 Claims

Question: We recently reported codes 17000 and [CPT 17003](#) to Medicare for reimbursement. Though the dermatologist destroyed multiple lesions, we only received payment from Medicare for 17000. Medicare rejected our claim for 17003. The rejection reason states, "Payment adjusted because this procedure/service is not paid separately." We did not use any modifiers.

Do you have an idea of why our claim was rejected? And can you advise us on whether we should appeal this rejection?

Florida Subscriber

Answer: You should appeal Medicare's decision. With the appeal, you should include documentation explaining that CPT permits 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion) and +17003 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; second through 14th lesions, each [list separately in addition to code for first lesion]).

Send a copy of CPT's instructions following 17003 that state, "Use 17003 in conjunction with 17000."

Code 17003 is an add-on code for destruction of two to 14 lesions.

As you described, you are correct in reporting code 17000 for the first lesion that your dermatologist destroys and 17003 for each additional lesion - up to 14 - he destroys.

No modifier is necessary.

Example: The dermatologist destroys seven actinic keratoses. You would report the following:

1. **CPT codes:** 17000 (for first lesion), 17003 with 6 units
2. **ICD-9 code:** 702.0 (Actinic keratosis).