

## Internal Medicine Coding Alert

### Do You Freeze Up When Coding Wart Removals? Not Anymore

#### From multiple procedures to modifiers - here are the solutions you're looking for

The next time your internist performs cryotherapy for warts, you'll leave the physician in the cold unless you know how to link the type of wart to the correct code, report multiple removals, and avoid global-day snags.

#### Common, Flat or Plantar? Why It Matters

All warts are not created the same - if the physician freezes a patient's wart, make sure you know whether the patient had a common, flat or plantar wart before selecting the surgery code.

**Scenario:** Your internist uses cryotherapy to remove five plantar warts from a patient's feet.

**Best bet:** For common or plantar wart removal, use 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) for the first wart, says **Roxann Zellers, CPC**, a coding and reimbursement specialist at the Rockford Clinic in Illinois.

But you should not stop there. Code 17000 describes the destruction of only one wart, leaving you with four more to report. For the remaining warts, assign +17003 (...; second through 14th lesions, each [list separately in addition to code for first lesion) four times for each additional wart the physician destroys, Zellers says.

If the internist had removed more than 14 lesions, you would've listed 17004 (Destruction ...; 15 or more lesions) once, coding experts say.

When your physician destroys up to 14 molluscum contagiosum or flat warts, you should [report 17110](#) (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], of flat warts, molluscum contagiosum, or milia; up to 14 lesions), Zellers says.

Although the code includes the word "warts" in the descriptor, you should not report this code for the scenario above because the descriptor specifies "flat warts." In addition, CPT states, "For destruction of common or plantar warts, see 17000, 17003, 17004."

**Documentation Quick Tip:** To apply the correct cryotherapy code, be sure your physician documents the type and number of warts he treated, Zellers says.

#### Use Modifiers for Follow-Up Treatments

Some coders append modifiers -58 (Staged or related procedure or service by the same physician during the postoperative period) or -76 (Repeat procedure by same physician) to the cryotherapy codes if they report them during a global period. Internists perform follow-up wart cryotherapies during the global period when the first destruction failed.

**Important:** Cryotherapy codes like 17000 come with a 10-day global period, says **Lisa Barnes**, a coder with Fayetteville Diagnostic Clinic, an Arkansas multispecialty practice that includes internists. Typically, this means that you can't bill for any physician services related to the original service within those 10 days, she says.

**Coder's advantage:** Get paid during the global period by attaching modifier -58 to codes for follow-up wart removals

that your physician stages prior to follow-up. This way, payers will reimburse your physician for the removal during the global, as long as your documentation supports the charge.

For instance, the internist freezes a patient's wart, but the treatment fails, so the physician schedules another visit three days later. To report the follow-up treatment, you would use 17000-58 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement] ...).

**Another option:** If the internist didn't stage the above procedure but attempted removal again, you may be able to append modifier -76 to the removal code. Just remember you can use modifier -58 only if the physician staged the procedure, Barnes says.