

## Internal Medicine Coding Alert

### Reader Question: Document Destruction with This Procedure Code

**Question:** Our provider recently removed five common warts from a patient's hand, and I'm not sure how to code the procedure. Do I use CPT® 17110, or is 17003 the most accurate code to use?

Oregon Subscriber

**Answer:** While both of the procedures you mention involve destruction of lesions using similar methods, the main difference between 17110 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions) or 17111 (... 15 or more lesions) and 17000 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion), 17003 (...second through 14 lesions, each (List separately in addition to code for first lesion), and 17004 (...15 or more lesions) lies in the kind of lesion being removed

CPT® 17000-17004 are procedures specifically intended for premalignant lesions such as L57.0 (Actinic keratosis), or AKs, which are specifically mentioned in the codes' descriptors. AKs that form on the skin are regarded as precancerous and can turn into a form of skin cancer known as squamous cell carcinoma. CPT® 17110-17111, on the other hand, involves removing benign, or noncancerous, lesions such as common warts, which are classified as B07.8 (Other viral warts).

So, if your provider documented the diagnosis for the warts as B07.9 (Viral wart, unspecified), which are defined as verruca simplex, verruca vulgaris, and viral warts due to human papillomavirus, and as the procedure involved removing no more than 14 warts, you should use 17110.