

## Internal Medicine Coding Alert

### Reader Question: No Separate Simple Repair Work Coding with CPT® 17110

**Question:** Our physician performed an excision of two warts (one from the elbow and one from the knee), with fulguration of the base to prevent seeding, and primary closure. The only code I've found that might apply is 17110. Would this code cover everything, or do I also need to add codes for repair of the knee and elbow areas?

Louisiana Subscriber

**Answer:** First, clarify whether the physician excised or destroyed the warts. If he excised the warts, as your question states, then you will need to look for a pair of codes in the 11400-11406 (Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs) section of CPT®. The actual code will depend on the excised diameter of the lesion, and you will report separate codes for the excision on the knee and the excision on the elbow.

If the physician actually destroyed the warts, then clarify if the warts were considered benign or premalignant. If benign, stick with 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). Since the code includes up to 14 lesions, you will only report it once. In any case, the diagnosis should reflect the nature of the warts that were treated, such as common warts or verruca plana (078.19, Viral warts; other specified viral warts) or verruca vulgaris (078.10, Viral warts; viral warts, unspecified).

**Caution:** Code 17110 is for destruction of benign lesions only. Guidelines for assigning code units for pre-malignant lesions (17000-17004) differ from those for benign lesions, so be sure to read the code descriptors carefully.

The repair you describe is considered simple, so it should not be reported separately, regardless of whether the warts were excised or destroyed.