

## Internal Medicine Coding Alert

### Reader Question: Repeat Treatment of Wart

Question: A physician's assistant in the office saw a patient for a plantar wart. The wart required several cryo applications. 17000 appears to be the correct procedure code, and it doesn't have a global period. Should I code 17000 every time the patient comes in for repeat treatments or should I append a modifier for staging?

Virginia Subscriber

Answer: Yes, you should use 17000\* (Destruction, all benign or premalignant lesions ...) for each treatment, and yes, a modifier will be necessary with most payers. CPT code 17000 is a starred procedure. A star beside a procedure in CPT denotes a relatively minor surgical procedure that can require variable amounts of preoperative and postoperative services. Because the pre-op and post-op care varies, CPT does not assign the normal "global package" to these procedures as it does to other surgical procedures. Instead, it marks them with a star to indicate that only the procedure itself is included in the code.

However, Medicare and many private carriers assign global periods of 0-10 days to these minor procedures. Services provided to the patient related to the procedure during that global period are covered under the fee for the procedure.

Medicare has assigned a 10-day global period to 17000. If you are repeating the same procedure on the same wart several times during the 10-day global period, use 17000 and modifier -58 (Staged or related procedure or service by the same physician during the postoperative period) for each separate treatment. Be sure to state in your documentation at the beginning of treatment that this procedure will be staged. You need to use modifier -58 because of the 10-day global period.

If your carrier has not specified a global period for this procedure, you can use 17000 for each visit and you don't need to use the modifier.