

Internal Medicine Coding Alert

READER QUESTION: Stop Using 17000 for Plantar Wart Destruction

Question: I recently learned that codes 17000 and 17004 now only apply to premalignant lesions, and code 17110 should be reported for benign lesions other than skin tags or cutaneous vascular proliferate lesions. Does this mean that I can no longer use 17000 for warts or seborrheic keratoses?

Utah Subscriber

Answer: You are correct. CPT 2007 has changed the code descriptors, which now read as follows:

- 17000 -- Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
- 17004 -- Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions
- 17110 -- Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions.

The AMA publication *CPT Changes 2007: An Insider's View* states, "Codes 17000-17004 have been revised to limit reporting these procedures to the destruction of premalignant lesions by any one of the described methods (laser electrosurgery, cryosurgery, chemosurgery, or surgical curettement). In tandem with these revisions, codes 17110 and 17111 have been revised to limit reporting these procedures solely for the destruction of benign lesions other than skin tags or cutaneous vascular lesions."

In addition, the publication notes that CPT added a cross-reference following code 17003 "to indicate that because plantar warts are not considered to be of a premalignant nature, the destruction of these lesions is reported with codes 17110 and 17111."

This advice is effective as of Jan. 1, 2007, so you should report any lesion destructions with 2007 dates of service using this new guidance.