

Part B Insider (Multispecialty) Coding Alert

LESION DESTRUCTION: Only One Diagnosis Will Get You Paid For 17000-17004

Keep number of units straight for 17003 and 17111

Heads up: Relying on your carrier's local coverage determinations (LCDs) could cost you some big repayments later on.

CPT 2007 changed the descriptors for some lesion destruction codes. Starting last January, codes 17000-17004 apply to only premalignant lesions. And 17110-17111 apply to only benign lesions. That means the only diagnosis code you can use with 17000-17004 is 702.0 (Actinic keratosis).

But many carriers still haven't updated their LCDs, meaning they're still accepting other lesion diagnosis codes for 17000-17004. You might get paid if you use one of those other diagnosis codes, but don't spend all that money right away. You might need to pay it back later, say coding experts.

It's possible some carriers haven't yet set up edits to catch 17000-17004 with a non-premalignant diagnosis, notes **Jetton Torrix** with **Knowledge Source Seminars** in Star, ID.

But because the code description for 17000-17004 clearly states premalignant lesions, coders -will be in trouble with a non-premalignant diagnosis,- says **Jan Rasmussen** with **Professional Coding Solutions** in Eau Claire, WI.

-Just because you get paid doesn't mean it is correct and that they won't be asking for the money back,- says **Pam Biffle**, director of operations for the **Coding Resource Network Institute** in Salt Lake City, UT.

Also, many carriers seem to have -blanket- LCDs for lesion treatments, notes **Wendy Weisel** with the **Department of Dermatology** at the **University of Virginia Health Services**. Looking at the **Trailblazer** LCD, it appears the carrier won't do an individual LCD for each procedure, including destructions, excisions or removals. Still, she frequently sees physicians using the incorrect diagnosis code for lesion destruction.

If you've been incorrectly using 17000-17004 for lesions other than premalignant ones, you -should notify carriers of this error and work with them to rectify the errant billing,- urges **Joanne Wolf**, coding manager with the **Children's Physician Network** in Minneapolis.

Bill multiple units of 17003

Watch out: You could be missing out on your rightful reimbursement if you're not billing for multiple units of premalignant-lesion destruction code 17003. -This is one of the most common billing errors,- says Torrix.

The problem: You use CPT code 17000 when there's just one lesion, plus one unit each of 17003 for each additional lesion up to 14. But if there are 15 or more lesions, you use just one unit of 17004 and don't bill 17000 or 17003 at all.

-You should report a single unit of 17000 for the first premalignant lesion the physician destroys,- said **Daniel Mark Siegal**, during a Nov. 16, 2006, presentation at the **American Medical Association's** CPT and RBRVS 2007 Annual Symposium in Chicago. -You would then apply a single unit of 17003 for each of the second through 14th lesions.-

-If the physician removes 15 or more lesions, report only 17004. You would never report 17000 and 17004 or 17003 and 17004 during the same session,- he said.

For benign lesions, however, you bill just one unit of 17110 for anywhere from one to 14 lesions. And then for 15 or more lesions, you bill just one unit of 17111.

Looking at the fee schedule may help to clarify matters, Weisel points out. CPT code 17003 typically pays only around \$4 to \$10 depending on the place of service, whereas 17111 pays around \$130 to \$140. So it makes sense that you would be able to multiply 17003 by 13 units to receive around the same reimbursement as one unit of 17111.

To make things even more confusing, the 1710x series of lesion destruction codes have a different method, based on the size of the wart in square centimeters, notes Weisel.

And physicians often get confused by the codes for skin tag removal, because they're supposed to code 11200 for one to 15 skin tags and 11201 for each additional 10 lesions.

Good news: The changes for 2007 have actually made wart-destruction coding less confusing, says Wolf. Before January, you had to use 17110-17111 for molluscum and flat warts and 17000-17004 for plantar or common warts. And each set of codes had a different method for reporting the number of lesions. Now you use 17110-17111 for any type of wart destroyed.