Podiatry Coding & Billing Alert

Wart Removal: 3 Steps Lead You to the Right Reimbursement for Wart Removal

Check documentation for exact wart type, location, and size to avoid underbilling.

Although rules specify how you should use CPT® codes 17110 and 17111 for wart removal, that does not mean the end of the road for other coding options. Make sure to go carefully through the medical documentation to check whether the physician has diagnosed and documented different types of warts, where they are located, and their size for arriving at the correct code to use for maximum returns. You should use this information to submit proper claims to the different carriers.

Follow these no-nonsense steps to get to the correct reimbursement due to your practice for your wart removal claims.

Step 1. Decide the Exact Wart Removal Method

Warts are usually benign growths, but coding their removal may be deceptively tricky. For example, a simple error in classification of the exact wart may lead to assignment of incorrect codes for the procedure and gross underbilling for your physician.

Your physician will most likely use destruction as the method for wart removal, and you will use the 17000 series of CPT® codes. The physician may expose the targeted lesion to laser beam, high frequency electrical current, or chemical agents, or he may withdraw heat from targeted tissue, use liquid nitrogen, or surgically eradicate the lesion. If the number of warts removed is 14 or less, bill procedure code 17110 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions) and one unit of service. If your physician removes 15 or more warts, bill procedure code 17111 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions) with one unit of service. "You should not bill both codes on the same claim or submit either code with more than one unit of service," cautions **Arnold Beresh, DPM, CPC**, of Peninsula Foot and Ankle Specialists PLC in Hampton, Va.

One other error prone area of error is coding for excision and biopsy. Sometimes, the physician may decide to excise and biopsy a lesion if he suspects that the wart-like growth may not be a wart or is malignant. You should not report excision codes if the physician has documented biopsy as excision entails complete removal of the lesion whereas biopsy usually means that the physician has partly removed the growth. Submit 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) for the first biopsy. For each separate biopsy after the first one, use add-on code 11101 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; each separate/additional lesion [List separately in addition to code for primary procedure]). For example, if the physician biopsies three lesions, you would submit codes 11100, 11101 and 11101 again.

Step 2. Document the Correct Type of Wart Removed

You may be heading for rejections if you are using the same set of codes for all kinds of warts. The physician must document the specific type of wart being removed because that fact could be the difference between a successful reimbursement and rejection. Make sure to query your physician whether the growth is a common wart, a plantar wart or a flat wart.

You may reap greater benefits for multiple lesion destruction if you use three other codes 17000 (Destruction [e.g., laser

surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratosis]; first lesion), 17003 (... second through 14 lesions, each [List separately in addition to code for first lesion]), and 17004 (... 15 or more lesions) for common and plantar wart removal .

For example, two patients present to your podiatrist. The podiatrist documents presence of 5 plantar warts on the right foot of patient A and 5 flat warts on the right foot for patient B. He advises cryo pen removal for both patients. You may naturally code 17110 for both cases but you may face rejection. Codes 17110 and 17111 are appropriate for flat warts and molluscum contagiosum destruction, but you should consider 17000 and 17003 for plantar wart removal in patient A. Code 17000 would be assigned for the first wart. Then you should assign 17003 four times. Do not forget to justify your claim with accurate and detailed physician documentation.

You should also check if the physician has marked the growth as benign, premalignant, or malignant. You should submit codes from the 11400 series (Excision, benign lesions...) for benign or premalignant lesions, while you will report excision of malignant lesion with the 11600 series (Excision, malignant lesions...).

Heads up: "It is advisable to wait for a pathology report to accurately determine whether the wart is malignant before assigning the proper code," Dr. Beresh says.

Step 3. Note the Exact Number of Warts Accurately

The number of warts may not have much of an impact in case of flat wart removal but will prove crucial when coding for destruction of common or plantar warts. For flat wart destruction codes, you will report 17110 once when the physician removes one to 14 warts and 17111 once if more than 14 flat warts are destroyed.

However, CPT® allows destruction codes for multiple common or plantar warts to be assigned multiple times, and there is a substantial difference in reimbursement. You can expect a payment of $112.50 for the flat wart code (17110 [3.14 non-facility RVUs multiplied by 2016 conversion factor 35.8279]). However, it pays $67.71 for 17000 and $5.73 for each unit of 17003. Therefore, if you mistakenly reported 17110 for the removal of ten plantar warts, the practice would receive only $112.50. However, if you correctly reported 17000 once ($67.71) and 17003 nine times ($51.57), the practice would be paid $119.28. Find the exact rates from your individual carrier.

Note: After 15 or more lesions are destroyed, you will only report the entire procedure only once, using 17004 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratosis], 15 or more lesions).