Dermatology Coding Alert

CPT Update: The Wait Is Over for a Better Mesh Removal Code

11008 covers most but not all removal cases

The addition of 11008 comes in handy when your physician treats severely infected mesh removal cases.

11008 Describes Mesh Removal, But Wait for CPT Instructions

With +11008 (Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection [list separately in addition to code for primary procedure]), CPT finally includes a code you can use when the physician removes prosthetic mesh, but it\'s too soon to determine if 11008 is your magic bullet for all mesh removal cases.

\"The problem lies with how CPT will define \'necrotizing,\' \" says **M. Trayser Dunaway**, a physician in Camden, S.C. \"All infections are necrotizing to a degree, but most clinicians aren\'t going to label an infection necrotizing unless it is a rampant, overwhelming, \'flesh-eating\' infection.\"

In other words, depending on CPT instructions and/or payer response, you may be able to apply 11008 only in limited circumstances, such as when the mesh site becomes severely and dangerously infected in patients who undergo abdominal wall procedures and develop inflammatory reactions to the mesh.

Prior to 2005, CPT included no code to describe this service, leaving coders to guess whether they should turn to an unlisted-procedure code, apply modifier -22 (Unusual procedural services) to the primary procedure code to describe the additional work, or simply include the mesh removal as an unreimbursable component of the procedure.

\"We just don\'t know yet if 11008 will solve the problem or only confuse the situation,\" Dunaway says.

This much is sure: Because infected mesh removal always occurs during another, more extensive procedure, the AMA has designated 11008 as an add-on code. Therefore, you should only report 11008 in addition to another, primary procedure code, says **Linda Martien, CPC, CPC-H**, National Healthcare Review in Woodland Hills, Calif.