

General Surgery Coding Alert

Reader Question: Check +11008 Add-On Restrictions

Question: Our surgeon performed a laparoscopic repair of a recurrent reducible incisional hernia for a 30-year old male patient. The surgeon removed mesh from a prior surgery and placed new mesh. Should we code the repair and mesh placement plus 11008 for the mesh removal?

Iowa Subscriber

Answer: No, you should not report +11008 (Removal of prosthetic material or mesh, abdominal wall for infection [e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection] [List separately in addition to code for primary procedure]) for mesh removal in addition to the hernia repair code.

Here's why: Code +11008 is an add-on code, and CPT® instructs you to use it only in addition to 10180 (Incision and drainage, complex, postoperative wound infection), and 11004-11006 (Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection;...). In other words, you use +11008 to report mesh removal for a post-operative infection or with debridement associated with soft-tissue infection.

Do this: You should code the hernia repair using 49656 (Laparoscopy, surgical, repair, recurrent incisional hernia [includes mesh insertion, when performed]; reducible).

Don't do this: You also asked if you should code the new mesh placement, and the answer to that question is, "no." You should not list +49568 (Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection [List separately in addition to code for the incisional or ventral hernia repair]) in addition to 49656. The hernia repair code "includes mesh insertion, when performed," and Correct Coding Initiative (CCI) edits bundle the two codes.