

Part B Insider (Multispecialty) Coding Alert

GENERAL SURGERY: Cut To The Mesh Placement Chase With These Clues

New change: 49568 is now bundled into all hernia repairs

If you think that you can bill separately for mesh placement for hernia procedures, think again. The key to proper claims depends on what's in the physician's documentation.

You may report separate placement of mesh (+49568, Implantation of mesh or other prosthesis for incisional or ventral hernia repair) only when the surgeon repairs an incisional or ventral hernia, says **Kathleen Mueller, RN, CPC, CCS-P**, a registered nurse and reimbursement and coding specialist in Lenzburg, IL.

Specifics: You may report 49568 with 49560 (Repair initial incisional or ventral hernia; reducible), 49561 (... incarcerated or strangulated), 49565 (Repair recurrent incisional or ventral hernia; reducible) and 49566 (... incarcerated or strangulated) when the surgeon documents mesh placement during the hernia repair.

For any hernia repairs not listed above--including epigastric, umbilical, spigelian and inguinal hernia repairs (49570-49651)--you should not separately report 49568, regardless of whether the surgeon places mesh during the repair. The National Correct Coding Initiative recently solidified this guideline by bundling 49568 into all hernia repairs 49570-49651.

Example: "If the operative report documents, 'Repair of epigastric hernia [for instance, 49570, Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)] with marlex mesh,' the mesh isn't separately billable because you can only add 49568 to 49560, 49561, 49565 or 49566," Mueller says.

If the surgeon removes infected mesh placed during a previous hernia repair when making a recurrent hernia repair, you generally cannot code separately--or receive reimbursement--for the mesh removal. Although you may be tempted to report an unlisted procedure or foreign-body-removal code for mesh removal with recurrent repair, this is inappropriate.

"Keep in mind that the surgeon is already getting paid more for using the 'recurrent' code," says **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H, CCS, CEO of Coding and Reimbursement Network Inc.**, in Egg Harbor City, NJ. "The payor expects the recurrent repair to be more work than an initial repair due to scar tissue, adhesions and mesh issues."

Bottom line: Codes for recurrent repairs (such as, 49520, Repair recurrent inguinal hernia, any age; reducible) include as an integral component removal of mesh placed during a previous hernia repair.