

## Part B Insider (Multispecialty) Coding Alert

## Reader Question: Consider Modifier 22 for Extra Work

Question: Our surgeons often encounter complicated recurrent ventral hernia repairs that involve infection. Can we bill for the mesh removal and new mesh placement in addition to the recurrent ventral hernia repair code?

Answer: Whether the mesh placement is separately chargeable depends on the surgical approach. There is no separate code for mesh removal involved in repair of a recurrent ventral hernia.

Do this for open surgery: If the recurrent ventral hernia repair is open, you can bill for the repair and the new mesh placement using two separate codes. Bill for the hernia repair using one of the following codes:

- 49565 -- Repair, recurrent incisional or ventral hernia; reducible
- 49566 -- ... incarcerated or strangulated.

Separately bill the mesh placement using +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 contrast, the laparoscopic ventral hernia repair codes include the mesh placement, such as 49652-49653 (Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia [includes mesh insertion, when performed]; reducible or ... incarcerated or strangulated).

Removal included: You shouldn't separately code for the mesh removal for a recurrent hernia, however. Pricing for the recurrent hernia repair codes anticipate that the surgeon will have to deal with issues such as scarring and/or surgical implants, so the surgeon gets paid for the work that way.

Look to 22: The codes don't include additional services for complications such as infection, however. If the surgeon performs and documents additional work at the hernia repair site related to infection or other problems, such as adhesion of internal organs, you can use modifier 22 (Increased procedural services). Depending on the payer, modifier 22 may increase reimbursement for the hernia repair by about 25 percent.