Know What to Look for When Coding Hernia Repair

Reporting hernia repair can be tricky. But if you know what to look for then half the work is done. Here are the five questions you need to ask in order to get your codes right.

1. **What is the location?** For all repairs, you must know what type of hernia (such as inguinal, femoral, incisional, etc.) the surgeon treats.

2. **Is it reducible?** The contents of a reducible hernia can be pushed back through the fascial defect. In contrast, the contents of an incarcerated or strangulated hernia are trapped in the hernia sac and cannot be pushed back through the fascial defect.

3. **Initial or recurrent?** In other words, is this the first repair at this location, or does the surgeon have to “fix it again”?

4. **What is the patient’s age?** Repair codes for inguinal and umbilical hernias differentiate by patient age.

5. **Open or laparoscopic?** Never report a laparoscopic procedure using open approach codes.

Following are a few tips to speed the process:

- **Inguinal hernia repairs require the closest attention to detail.** CPT® divides open inguinal hernia repairs into four precisely defined age groups. For the youngest patients, you’ll need to know age from time of gestation.
- **Umbilical repairs also consider age,** but group patients only by “younger than age 5 years” and “age 5 years or older.”
- **Watch for “sliding” inguinal hernias.** There is a separate, specific code (49525) for repair of a reducible, sliding inguinal hernia. If the hernia is strangulated, however, 49525 does not apply. Instead, you would revert to 49496, 49501, 49507, or 49521, as appropriate.

**Clear Up Lap Paraesophageal Hernia Repair Confusion**

You have two codes for laparoscopic paraesophageal hernia repair:

- 43281 - Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
- 43282 - ... with implantation of mesh.

**Paraesophageal Hiatal Hernia Codes**
Get to Know the Laparoscopic Codes

In addition to the two laparoscopic repair codes for inguinal hernias — 49650 (Laparoscopy, surgical; repair initial inguinal hernia) and 49651 (Laparoscopy, surgical; repair recurrent inguinal hernia) — CPT® provides you with a total of nine codes to choose from when your general surgeon performs a laparoscopic hernia repair. The codes are differentiated by the type of hernia the surgeon fixes, as follows:

• 49652 — Laparoscopy, surgical, repair, ventral, umbilical, spigelian, or epigastric hernia (includes mesh insertion, when performed); reducible

• 49653 — Laparoscopy, surgical, repair, ventral, umbilical, spigelian, or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated

• 49654 — Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible

• 49655 — Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

• 49656 — Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible

• 49657 — Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated.

• 49659 - Unlisted laparoscopic procedure, hernioplasty, herniorrhaphy, herniotomy

CPT® provides a number of paraesophageal hiatal hernia codes for depending upon the approach and with/without mesh implantation as follows:

• 43332 — Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis

• 43333 — Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis

• 43334 — Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis

• 43335 — Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis

• 43336 — Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis

• 43337 — Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis

Choose Your Hernia Diagnosis Carefully

For most hernia diagnoses, you will look to ICD-9-CM's 550-553 series. Of all hernias, you'll likely see inguinal (550.xx) most commonly.

When reporting an inguinal hernia, you should check documentation for evidence of gangrene (550.0x) or incarceration, irreducibility, or strangulation (550.1x). If the surgeon doesn't mention either gangrene or obstruction, select 550.9x.

All 550.xx-series codes require a fifth digit, as explained in ICD-9-CM, to define the hernia as unilateral, bilateral, or unspecified, and initial or recurrent.

For all other hernia types (femoral, ventral, etc.), select a code first by checking the ICD-9-CM index under "hernia, hernial" and finding the type/location by alphabetical order, and then double-check your choice by consulting the tabular listing and reading the full code definition.

Be sure to report your diagnosis to the highest specificity level. Remember, if ICD-9-CM includes a fourth or fifth digit,
you must include the fourth or fifth digit in your diagnosis.

**Know Your Hernia Anatomy**

An abdominal hernia occurs when the peritoneal lining of the abdominal cavity protrudes through a defect in the fascia that normally contains it. Simply stated, the fascia develops a tear, and the peritoneal lining "spills out," in much the same way that an inflated inner tube will bulge out from a cut in the sidewall of a tire. In some cases, only an empty sac protrudes through the fascia. But if the fascial defect is large enough, the sac can contain abdominal contents (typically intestines).

Clinicians identify hernias primarily by location. Here are a few of the most important varieties:

- **Inguinal:** In this common form of hernia (75 percent of all hernias are of the inguinal variety), the intestine bulges through a weak area in the inguinal canal in the groin area.
- **Sliding inguinal:** In this case, contents “slide” down the posterior abdominal wall into the inguinal canal, bringing with them overlying intestinal peritoneum. Actual bowel wall will comprise a portion of the sac. Inguinal hernias can be either "direct" (congenital) or "indirect" (acquired), but this is not a factor when coding.
- **Lumbar:** A protrusion through the posterior abdominal wall in the area below the last rib.
- **Femoral:** These hernias occur in the area between the abdomen and the thigh, usually appearing as a bulge on the upper thigh.
- **Incisional/ventral:** A defect in the abdominal wall at the site of a previous operative incision.
- **Epigastric:** These occur because of weakness in the muscles of the upper-middle abdomen, above the navel (the epigastric region).
- **Umbilical:** The fascia of the navel is thinner than in the rest of the abdomen. An umbilical hernia occurs when contents protrude from the navel.
- **Spigelian:** Also called a lateral ventral hernia, this is an abdominal hernia through the semilunar or spigelius line (parallel to the lateral boarder of the rectus abdominis muscle).

**Ask a Few Questions to Nail Your Inguinal Hernia Repair Coding**

If you're looking for an easy way to select the appropriate inguinal hernia repair code — instead of wading your way through over a dozen CPT® code definitions — answer the four simple questions below, and use the chart that follows for a fast and foolproof solution.

**Question 1: Open or Laparoscopic?**

You should never report an open repair code to describe a laparoscopic procedure. Therefore, if the surgeon performs the inguinal hernia repair using the laparoscope, skip 49491-49525 (which describe open procedures) and turn to 49650 or 49651, as appropriate (continue to question 2 for more information on “initial” versus. "recurrent" repairs).

**Question 2: Is This the First Repair at This Location?**

CPT® frequently distinguishes between “initial” and “subsequent” hernia repairs, and you must seek out this detail in the surgeon's notes to select an appropriate code.

- An initial repair is just that: the first repair at a given location. Because a hernia may recur at the same location, however, subsequent repairs — during which the surgeon must “fix it again” — are possible.

**Inguinal Hernia Repair Coding**

<table>
<thead>
<tr>
<th>Age</th>
<th>Initial/ Recurrent</th>
<th>Reducible/ Not Reducible</th>
<th>Open/ Lap</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>Initial</td>
<td>Recurrent</td>
<td>Procedure Code</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Preterm infant &lt; 37 weeks at birth</td>
<td>Reducible</td>
<td>Open</td>
<td>49491</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49492</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49491</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49650</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49650</td>
<td></td>
</tr>
<tr>
<td>Infant &lt; 6 months or preterm infant &gt; 50 weeks</td>
<td>Reducible</td>
<td>Open</td>
<td>49495</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Lap</td>
<td>49496</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49520</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49521</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49521</td>
<td></td>
</tr>
<tr>
<td>6 months to 5 years</td>
<td>Reducible</td>
<td>Open</td>
<td>49500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Lap</td>
<td>49501</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49650</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49650</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducible</td>
<td>Lap</td>
<td>49651</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49651</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td>Reducible</td>
<td>Open</td>
<td>49520</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Lap</td>
<td>49521</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td>Reducible</td>
<td>Lap</td>
<td>49505</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Open</td>
<td>49507</td>
<td></td>
</tr>
<tr>
<td>&gt; 5 Years</td>
<td>Reducible</td>
<td>Open</td>
<td>49520</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not</td>
<td>Lap</td>
<td>49521</td>
<td></td>
</tr>
</tbody>
</table>

**Follow 4 Mesh Rules With Abdominal Repair**

Mesh placement may be common during hernia repair, but you can only bill separately for the procedure in a minority of cases. Make sure you know what they are.

In addition, you should be aware that recurrent hernia repair usually includes mesh removal, unless the physician can document extraordinary effort.
Rule 1: Claim Placement With Incisional/ Ventral Hernia

You may report separate mesh placement (+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]) only when the surgeon repairs an incisional or ventral hernia during an open procedure.

Get the 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.

Rule 2: Skip Separate Placement Code for All Others

For any hernia repairs not listed above — including epigastric, umbilical, spigelian, and inguinal hernia repairs (49570-49651 and 49652-49657) — you should not separately report +49568 (Implantation of mesh…), regardless of whether the surgeon places mesh during the repair. The Correct Coding Initiative (CCI) solidified this guideline by bundling +49568 into all hernia repairs 49570-49651 and 49652-49657. Nor should you use +49568 with lap hernia repair codes 49652-49657. As the descriptors of the laparoscopic hernia repair codes indicate, these procedures include mesh insertion.

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.

Rule 3: Removal + Repair = No Separate Payment

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. And although you may be tempted to report an unlisted-procedure or foreign body removal code for mesh removal with recurrent repair, this is inappropriate.

Bottom line: The surgeon is already getting paid more for using the "recurrent" code. The payer expects the recurrent repair to be more work than an initial repair due to scar tissue, adhesions, and mesh issues. Codes for recurrent repairs (for example, 49520, Repair recurrent inguinal hernia, any age; reducible) include as an integral component removal of mesh placed during a previous hernia repair.

Rule 4: Removal Only Means Unlisted Procedure

You can report mesh removal separately in some circumstances. If you have mesh removal without repair of a new hernia — for example, when the patient has skin erosion over the mesh or some pain related to the implant — you should probably turn to an unlisted-procedure code.

For procedures of this type, you'll most likely report 49999 (Unlisted procedure, abdomen, peritoneum and omentum) with a diagnosis of 996.60 (Infection and inflammatory reaction due to unspecified device, implant and graft). You will have to provide the payer with complete documentation to describe the procedure.

One to avoid: Code +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]) seems perfect to describe mesh removal, either with or without hernia repair. But +11008 is an add-on code for use with 10180 and 11004-11006 only. These codes describe extensive debridement performed on high-risk patients for conditions such as Fournier's gangrene (608.83) or complex incision and drainage of a postoperative wound infection.

In other words: You should not report +11008 for removal of infected mesh only, or for mesh removal with any hernia repair.
Question 3: Will the Hernia Reduce?

If the surgeon's documentation says that the hernia "can be reduced," you'll most often select a different code than if documentation specifies that the hernia "cannot be reduced."

If the surgeon can manually push the contents of the sac (the intestine, in the case of an inguinal hernia) back through the fascial defect, the hernia is reducible. In some cases, however, the contents of the hernia sac become trapped in the opening caused by the fascial defect. Such hernias, called "incarcerated" or "strangled," cannot be reduced and may pose immediate, life-threatening danger.

Question 4: How Old Is the Patient?

With a handful of exceptions, you'll need to know absolutely, perhaps even to the day, the patient's age before you can select the correct inguinal hernia repair code.

CPT® divides these codes into four age groups, as follows:

1. Pre-term infant: CPT® defines these patients as "younger than 37 weeks gestation at birth" and specifies that the surgeon must perform the repair "from birth up to 50 weeks post-conception age"
2. Full-term infant younger than 6 months: This category also includes, according to CPT®, any "preterm infant older than 50 weeks post-conception age and younger than age 6 months at the time of surgery"
3. Age 6 months to younger than 5 years
4. Age 5 years or older.

A Final Tip: Watch for 'Sliding' Inguinal Hernia

If you see the term "sliding" in the physician's documentation, take note. There is a separate, specific code (49525, Repair inguinal hernia, sliding, any age) for repair of a reducible, sliding inguinal hernia.

This code applies regardless of the patient's age or whether the surgeon performs an initial or subsequent repair.

Note, however, that if the hernia is incarcerated (cannot be reduced), 49525 does not apply. Instead, you would revert to 49496 (Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated), 49501 (Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated), 49507 (Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated), or 49521 (Repair recurrent inguinal hernia, any age; incarcerated or strangulated), as appropriate.

Single Mesh Means Single Code

Example: The surgeon performed a laparoscopic inguinal hernia repair (left side), but also noted and reduced a small femoral hernia during the procedure. He then performed a mesh repair covering both hernias. How should I code this?

Answer: You should code the inguinal hernia repair with 49650 (Laparoscopy, surgical; repair initial inguinal...
hernia). Because the surgeon used the same mesh to cover both the initial hernia and the newly-discovered small femoral hernia, you should not report another code.

However, you might be able to append modifier 22 (Increased procedural services) if the surgeon documents the additional work and time involved in repairing both hernias in the same session with the same mesh.

- Published on 2019-01-01