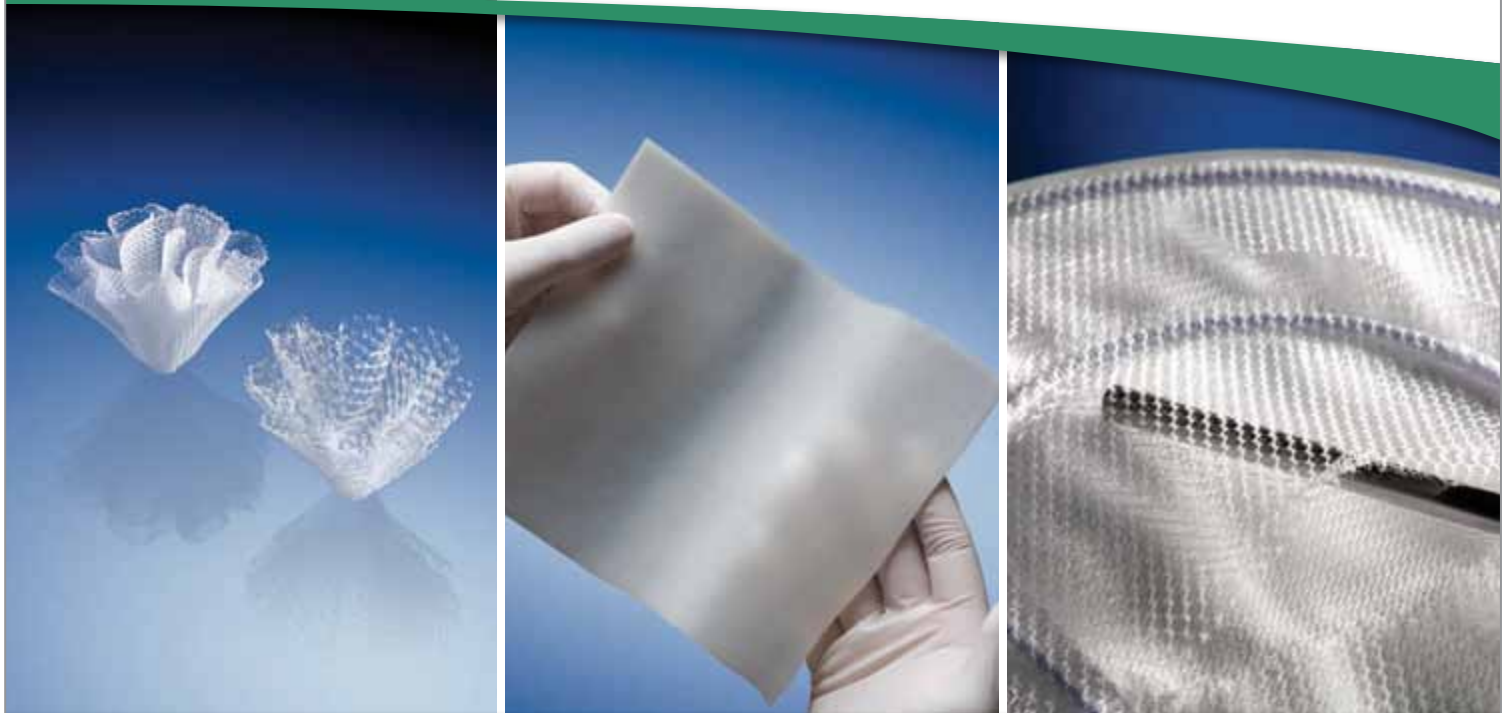


# Reimbursement Guide

## Hernia Repair



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# Hernia Repair

## CPT Codes

CPT Codes	Description
<b>Component Separation Technique</b>	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk (Note: Report 15734 twice if procedure is bilateral)
<b>Hernia Repair</b>	
11008	Removal of mesh in abdominal wall for infection
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49525	Repair inguinal hernia, sliding, any age
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for 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)
49580	Repair umbilical hernia, younger than age 5 years; reducible
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585	Repair umbilical hernia, age 5 years or older; reducible
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
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 lap procedure, hernioplasty, herniorrhaphy, herniotomy
<b>Parastomal Hernia Repair</b>	
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
<b>Hiatal Hernia Repair</b>	
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic

\* CPT 49659 Physician status code is "C". C = carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.

## CPT Codes (Cont.)

43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
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

## Medicare Hospital Inpatient Codes: ICD-9

ICD-9	Description
Component Separation Technique	
83.82	Graft of muscle or fascia
Hernia Repair	
17.1	Laparoscopic unilateral repair of inguinal hernia
17.11	Laparoscopic repair of direct inguinal hernia with graft or prosthesis
17.12	Laparoscopic repair of indirect inguinal hernia with graft or prosthesis
17.13	Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified
17.2	Laparoscopic bilateral repair of inguinal hernia
17.21	Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis
17.22	Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis
17.23	Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
17.24	Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified
53.00	Unilateral repair of inguinal hernia, not otherwise specified
53.01	Other and open repair of direct inguinal hernia
53.02	Other and open repair of indirect inguinal hernia
53.03	Other and open repair of direct inguinal hernia with graft or prosthesis
53.04	Other and open repair of indirect inguinal hernia with graft or prosthesis
53.05	Repair of inguinal hernia with graft or prosthesis, not otherwise specified
53.10	Bilateral repair of inguinal hernia, not otherwise specified
53.11	Other and open bilateral repair of direct inguinal hernia
53.12	Other and open bilateral repair of indirect inguinal hernia
53.13	Other and open bilateral repair of inguinal hernia, one direct and one indirect
53.14	Other and open bilateral repair of direct inguinal hernia with graft or prosthesis

## Medicare Hospital Inpatient Codes: ICD-9 (Cont.)

ICD-9	Description
53.15	Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis
53.16	Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
53.17	Bilateral inguinal hernia repair with graft or prosthesis, not otherwise specified
53.21	Unilateral repair of femoral hernia with graft or prosthesis
53.29	Other unilateral femoral herniorrhaphy
53.31	Bilateral repair of femoral hernia with graft or prosthesis
53.39	Other bilateral femoral herniorrhaphy
53.41	Other and open repair of umbilical hernia with graft or prosthesis
53.42	Laparoscopic repair of umbilical hernia with graft or prosthesis
53.43	Other laparoscopic umbilical herniorrhaphy
53.49	Other open umbilical herniorrhaphy
53.51	Incisional hernia repair
53.59	Repair of other hernia of anterior abdominal wall
53.61	Other open incisional hernia repair with graft or prosthesis
53.62	Laparoscopic incisional hernia repair with graft or prosthesis
53.63	Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis
53.69	Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis
53.9	Other hernia repair
Parastomal	
46.42	Repair of pericostomy hernia
Hiatal	
44.00	Vagotomy, not otherwise specified
44.29	Other pyloroplasty
44.67	Laparoscopic procedures for creation of esophagogastric sphincteric competence
44.69	Other repair of stomach
53.7	Repair of diaphragmatic hernia, abdominal approach
53.71	Laparoscopic repair of diaphragmatic hernia, abdominal approach
53.72	Other and open repair of diaphragmatic hernia, abdominal approach
53.75	Repair of diaphragmatic hernia, abdominal approach, not otherwise specified
53.80	Repair of diaphragmatic hernia with thoracic approach, not otherwise specified
53.81	Plication of the diaphragm
53.82	Repair of parasternal hernia
53.83	Laparoscopic repair of diaphragmatic hernia, with thoracic approach
53.84	Other and open repair of diaphragmatic hernia, with thoracic approach

## DRG Codes

MS-DRG	Description
Hernia Repair	
350	Inguinal and Femoral Hernia Procedures with MCC
351	Inguinal and Femoral Hernia Procedures with CC
352	Inguinal and Femoral Hernia Procedures without CC/MCC
353	Hernia Procedures Except Inguinal and Femoral with MCC
354	Hernia Procedures Except Inguinal and Femoral with CC
355	Hernia Procedures Except Inguinal and Femoral without CC/MCC
Component Separation Technique	
Secondary to primary hernia DRG	
Parastomal	
347	Anal and Stomal Procedures with MCC
348	Anal and Stomal Procedures with CC
349	Anal and Stomal Procedures without CC/MCC
Hiatal	
326	Stomach, Esophageal and Duodenal Procedures with MCC
327	Stomach, Esophageal and Duodenal Procedures with CC
328	Stomach, Esophageal and Duodenal Procedures without CC/MCC

## HCPCS Codes\*

Q4100	Skin substitute, not otherwise specified (i.e. ALLOMAX™ Surgical Graft)
C1781	Mesh (Implantable) – (i.e. Davol Synthetic Mesh, XENMATRIX™ Surgical Graft, ALLOMAX™ Surgical Graft and COLLAMEND™ FM Implant)
L8699	(Ambulatory Surgery Center)

## Modifiers

JC	Skin substitute used as a graft
50	Bilateral Procedure
51	Multiple Procedures

## Revenue Codes

272	Sterile supply
278	Other implant

\*CMS policy on Q codes states they are not to be reported with hernia or breast procedures but private insurer policies may vary. Always confirm coding with your insurer.

Definitions:

CC = Complications and/or comorbidity

MCC = Major Complications and/or comorbidity

## The Davol Reimbursement Hotline

Davol's Reimbursement Hotline is dedicated to providing answers to all your reimbursement questions. It also serves as a resource for obtaining accurate billing information and reimbursement support for Davol products.

- Reimbursement Codes
- Reimbursement Assistance
- Predetermination/Precertification
- Denials
- Appeals



1.800.501.7105

Monday through Friday: 9am – 8pm, EST

This is not a comprehensive list of codes. Coding constantly changes so please reference the AMA and CMS websites [www.cms.gov](http://www.cms.gov); [www.ama-assn.org](http://www.ama-assn.org) and your local providers for additional information.

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