

2020 HERNIA & ABDOMINAL WALL REPAIR SURGERY

MEDICARE REIMBURSEMENT CODING GUIDE

Effective January 1, 2020



Medicare National Average Rates and Allowables

CPT™ OR HCPCS CODE ^{1,2}	PROCEDURE DESCRIPTION	PHYSICIAN ³	HOSPITAL OUTPATIENT ⁴			AMBULATORY SURGICAL CENTER ⁴
		NATIONAL AVERAGE	APC CLASSIFICATION	APC DESCRIPTOR	APC RATE	ASC
COMPONENT SEPARATION						
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	\$1,574	5055	Level 5 Skin Procedures	\$2,977	\$1,504
DIAPHRAGMATIC HERNIA						
39501	Repair, laceration of diaphragm, any approach	\$894	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	\$6,251	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	\$986	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
ENTEROLYSIS						
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	\$1,149	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	\$967	5361	Level 1 Laparoscopy	\$4,834	Not reimbursed in ASC by Medicare
EPIGASTRIC HERNIA						
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$437	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	\$544	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
FEMORAL HERNIA						
49550	Repair initial femoral hernia, any age; reducible	\$606	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	\$663	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49555	Repair recurrent femoral hernia; reducible	\$633	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49557	Repair recurrent femoral hernia; incarcerated or strangulated	\$761	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377

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CPT™ OR HCPCS CODE ^{1,2}	PROCEDURE DESCRIPTION	NATIONAL AVERAGE	APC CLASSIFICATION	APC DESCRIPTOR	APC RATE	ASC
INCISIONAL/VENTRAL HERNIA						
49560	Repair initial incisional or ventral hernia; reducible	\$776	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	\$978	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49565	Repair recurrent incisional or ventral hernia; reducible	\$808	5361	Level 1 Laparoscopy	\$4,834	\$2,194
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$987	5361	Level 1 Laparoscopy	\$4,834	\$2,194
+49568 ⁴	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)	\$282	NA	NA	Packaged into Payment for Other Services	Packaged Service/Item
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	\$783	5361	Level 1 Laparoscopy	\$4,834	\$2,194
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$977	5361	Level 1 Laparoscopy	\$4,834	\$2,194
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	\$889	5362	Level 2 Laparoscopy	\$8,413	\$3,589
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$1,087	5362	Level 2 Laparoscopy	\$8,413	\$3,589
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	\$964	5362	Level 2 Laparoscopy	\$8,413	\$3,589
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$1,390	5362	Level 2 Laparoscopy	\$8,413	\$3,589

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INGUINAL HERNIA						
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	\$1,008	5341	Peritoneal & Abdominal Procedures	\$3,109	Not reimbursed in ASC by Medicare
49495	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; reducible	\$429	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
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	\$645	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	\$433	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	\$636	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$547	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$616	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49520	Repair recurrent inguinal hernia, any age; reducible	\$664	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$754	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49525	Repair inguinal hernia, sliding, any age	\$603	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$451	5361	Level 1 Laparoscopy	\$4,834	\$2,194
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$588	5361	Level 1 Laparoscopy	\$4,834	\$2,194
LUMBAR HERNIA						
49540	Repair lumbar hernia	\$709	5361	Level 1 Laparoscopy	\$4,834	\$2,194
MESH IMPLANT HERNIA						
+49568 ⁵	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)	\$282	NA	NA	Packaged into Payment for Other Services	Packaged Service/Item

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PARACOLOSTOMY HERNIA						
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	\$1,240	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
PARAESOPHAGEAL HERNIA						
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$1,136	5362	Level 2 Laparoscopy	\$8,413	Not reimbursed in ASC by Medicare
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	\$1,625	5362	Level 2 Laparoscopy	\$8,413	Not reimbursed in ASC by Medicare
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,827	5362	Level 2 Laparoscopy	\$8,413	Not reimbursed in ASC by Medicare
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	\$1,430	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$863	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,177	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	\$1,217	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,329	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	\$1,307	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,398	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	\$1,517	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	\$1,619	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
ROBOTIC						
S2900 ⁶	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Not Valid for Medicare				
SPIGELIAN HERNIA						
49590	Repair spigelian hernia	\$602	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377

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TRAM FLAP						
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	\$1,859	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	\$2,293	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	\$2,130	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
UMBILICAL HERNIA						
49580	Repair umbilical hernia, younger than age 5 years; reducible	\$350	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	\$507	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49585	Repair umbilical hernia, age 5 years or older; reducible	\$468	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
49587	Repair umbilical hernia, age 5 years or older; incarcerated or reducible	\$500	5341	Peritoneal & Abdominal Procedures	\$3,109	\$1,377
UNLISTED HERNIA						
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Carrier Priced	5361	Level 1 Laparoscopy	\$4,834	Not reimbursed in ASC by Medicare

References:

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- Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>
- Centers for Medicare & Medicaid Services. Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule; Final Rule, Federal Register 84 Fed. Reg. No. 221 (62568-63563) 42 CFR Parts 403, 409, 410, 411, 414, 415, 416, 418, 424, 425, 489 and 498. <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>. Published November 15, 2019.
- Centers for Medicare & Medicaid Services. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children's Hospitals-Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots. Final Rule, Federal Register 84 Fed. Reg. No. 218 (61142 - 61492) 42 CFR Parts 405, 410, 412, 414, 416, 419, and 486. <https://www.govinfo.gov/content/pkg/FR-2019-11-12/pdf/2019-24138.pdf>. Published November 12, 2019. CMS-1717-CN; Federal Register, 85 Fed. Reg. No. 2 (224-230) 42 CFR Parts 405, 410, 412, 414, 416, 419, and 486. <https://www.govinfo.gov/content/pkg/FR-2020-01-03/pdf/2019-28364.pdf> Published January 3, 2020. Addendum B, AA
- Use 49568 in conjunction with 11044-11006, 49560-49566
- HCPCS II S-Codes cannot be reported to Medicare. They are used only by non-Medicare payers, which coverage and price them according to their own requirements.

HOSPITAL INPATIENT PROCEDURE CODING FOR HERNIA REPAIR AND ABDOMINAL WALL REPAIR



ICD-10-PCS Codes¹

ICD-10-PCS procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting. All ICD-10-PCS codes have seven digits, each digit representing a specific character associated with procedures. Code assignment in ICD-10-PCS is a process of “constructing” the code by selecting values from a code table for each of the seven standard characters. The first three characters identify the code table that is used to complete the remaining four characters.

Hernia Repair

Note that different types of hernia may use the same ICD-10-PCS procedure code if the repair technique is the same. The type of hernia being repaired is differentiated by the ICD-10-CM diagnosis codes, not necessarily by the ICD-10-PCS procedure codes.

CHARACTER	DESCRIPTION
1: Section	Because hernia repair constitutes surgery, the appropriate section is 0-Medical and Surgical.
2: Body System	Most hernia repairs are assigned to the body systems for Anatomical Regions, either W-Anatomical Regions, General (eg, umbilical hernia) or Y-Anatomical Regions, Lower Extremities (eg, inguinal hernia, femoral hernia). Repair of diaphragmatic hernias is assigned to B-Respiratory System (eg, hiatal hernia) because the diaphragm is classified to this body system for coding purposes.
3: Root Operation	The two main root operations for hernia repair are Q-Repair, which is assigned when mesh is not used, and U-Supplement, which is assigned when mesh is used. Note that a code using root operation U-Supplement stands by itself as a hernia repair procedure and no additional code is required or assigned to capture the repair or use of mesh.
4: Body Part	On their given code tables, specific body part values are available for diaphragm, abdominal wall, inguinal region, femoral region, and other lower extremity areas.
5: Approach	Hernia repair performed by incising the tissue layers to expose the hernia sac uses 0-Open. Laparoscopic hernia repair uses 4-Percutaneous Endoscopic.
6: Device	For hernia repair without mesh, Z-No Device is used. For hernia repair with mesh, mesh is considered a device. There are three types of mesh: 1) Most mesh is made of synthetic materials such as polypropylene, polyester, and PTFE; 2) Some mesh is bioengineered from donated human tissue, such as from cadavers, and; 3) Some mesh is bioengineered from animal tissue such as bovine and porcine tissue (eg, Permacol™ Surgical Implant). Although there are three types of mesh, there are currently only two options for the device value. Synthetic meshes use J-Synthetic Substitute. Meshes made of either human and animal tissues currently use K-Nonautologous Tissue.
7: Qualifier	Qualifiers add further information to the code but typically, Z-No Qualifier is used.

Abdominal Wall Repair

In general, abdominal wall repair uses the same coding principles and the same code values as hernia repair. An abdominal wall repair is differentiated from a hernia repair by the ICD-10-CM diagnosis codes, not necessarily by the ICD-10-PCS procedure codes.

Abdominal wall repair is not coded separately when an associated procedure is performed on an internal organ, because procedural steps necessary to close an operative site are considered integral.²

CHARACTER	DESCRIPTION
2: Body System	Abdominal wound repair is coded to body system W-Anatomical Regions, General.
3: Root Operation	The two main root operations for abdominal wall repair are Q-Repair, which is assigned when mesh is not used, and U-Supplement, which is assigned when mesh is used.
5: Approach	Abdominal wall repair that involves closure of multiple layers below the skin uses 0-Open.
6: Device	For abdominal wall repair without mesh, Z-No Device is used. For abdominal wall repair with mesh, either J-Synthetic Substitute or K-Nonautologous Tissue is used.

SECTION	0	Medical And Surgical	
BODY SYSTEM	W	Anatomical Regions, General	
OPERATION	Q	Repair, Restoring, to the extent possible, a body part to its normal anatomic structure and function	
BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head 2 Face 4 Upper Jaw 5 Lower Jaw 8 Chest Wall K Upper Back L Lower Back M Perineum, Male N Perineum, Female	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	Z No Device	Z No Qualifier
6 Neck F Abdominal Wall	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
6 Neck F Abdominal Wall	X External	Z No Device	2 Stoma Z No Qualifier
C Mediastinum	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier

Examples

- **Laparoscopic repair of umbilical hernia without mesh**

0WQF4ZZ Repair abdominal wall, percutaneous endoscopic approach

- **Open suture repair of ileostomy parastomal hernia**

0WQF0ZZ Repair abdominal wall, open approach

SECTION	0 Medical And Surgical
BODY SYSTEM	W Anatomical Regions, General
OPERATION	U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head 2 Face 4 Upper Jaw 5 Lower Jaw 6 Neck 8 Chest Wall C Mediastinum F Abdominal Wall K Upper Back L Lower Back M Perineum, Male N Perineum, Female	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Examples

- **Laparoscopic repair of incisional hernia with Permacol™ Surgical Implant**
0WUF4KZ Supplement abdominal wall with nonautologous tissue substitute, percutaneous endoscopic approach
- **Laparoscopic repair of incisional hernia with polyester mesh**
0WUF4JZ Supplement abdominal wall with synthetic substitute, percutaneous endoscopic approach
- **Open closure of penetrating stab wound of the abdomen with synthetic mesh**
0WUF0JZ Supplement abdominal wall with synthetic substitute, open approach

SECTION	0 Medical And Surgical
BODY SYSTEM	Y Anatomical Regions, Lower Extremities
OPERATION	U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

BODY PART	APPROACH	DEVICE	QUALIFIER
0 Buttock, Right 1 Buttock, Left 5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left 9 Lower Extremity, Right A Inguinal Region, Bilateral B Lower Extremity, Left C Upper Leg, Right D Upper Leg, Left E Femoral Region, Bilateral F Knee Region, Right G Knee Region, Left H Lower Leg, Right J Lower Leg, Left	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Examples

- **Laparoscopic repair of left inguinal hernia with Permacol™ Surgical Implant**
0YU64KZ Supplement left inguinal region with nonautologous tissue substitute, percutaneous endoscopic approach
- **Open repair of bilateral femoral hernias with synthetic mesh**
0YUE0JZ Supplement bilateral femoral region with synthetic substitute, open approach

SECTION	0 Medical And Surgical
BODY SYSTEM	B Respiratory System
OPERATION	U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

BODY PART	APPROACH	DEVICE	QUALIFIER
1 Trachea 2 Carina 3 Main Bronchus, Right 4 Upper Lobe Bronchus, Right 5 Middle Lobe Bronchus, Right 6 Lower Lobe Bronchus, Right 7 Main Bronchus, Left 8 Upper Lobe Bronchus, Left 9 Lingula Bronchus B Lower Lobe Bronchus, Left R Diaphragm, Right S Diaphragm, Left	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Example

- **Repair of right diaphragmatic hernia with Permacol™ Surgical Implant, laparoscopic approach**
0BUR4KZ Supplement right diaphragm with nonautologous tissue substitute, percutaneous endoscopic approach

Component Separation

Component separation allows primary closure of large abdominal defects, by separating and releasing the fascial and muscle layers in the abdominal wall. When performed with hernia repair, it is coded separately.

CHARACTER	DESCRIPTION
2: Body System	Because component separation involves releasing muscles, the body system is K-Muscles.
3: Root Operation	The root operation for component separation is N-Release.
4: Body Part	The body part is K-Abdomen Muscle, Right and L-Abdomen Muscle, Left. Release is performed on both sides of the abdomen so two codes are assigned, one with body part K and one with body part L.

SECTION	0 Medical And Surgical
BODY SYSTEM	K Muscles
OPERATION	N Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force

BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head Muscle 1 Facial Muscle 2 Neck Muscle, Right 3 Neck Muscle, Left 4 Tongue, Palate, Pharynx Muscle 5 Shoulder Muscle, Right 6 Shoulder Muscle, Left 7 Upper Arm Muscle, Right 8 Upper Arm Muscle, Left 9 Lower Arm and Wrist Muscle, Right B Lower Arm and Wrist Muscle, Left C Hand Muscle, Right D Hand Muscle, Left F Trunk Muscle, Right G Trunk Muscle, Left H Thorax Muscle, Right J Thorax Muscle, Left K Abdomen Muscle, Right L Abdomen Muscle, Left M Perineum Muscle	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	Z No Device	Z No Qualifier

Examples

- Laparoscopic repair of incisional hernia with laparoscopic component separation and placement of synthetic mesh**

0KNK4ZZ Release right abdomen muscle, percutaneous endoscopic approach

0KNL4ZZ Release left abdomen muscle, percutaneous endoscopic approach

- Open repair of incisional hernia with component separation and placement of synthetic mesh**

0KNK0ZZ Release right abdomen muscle, open approach

0KNL0ZZ Release left abdomen muscle, open approach

The component separation is constructed from the OKN code table above. 0WUF0JZ describes the hernia repair and placement of synthetic mesh. See code table 0WU under Abdominal Wall Repair for construction of this code.

Adhesiolysis

Omental, intestinal, and other abdominal adhesions may be found and lysed during hernia repair, particularly for incarcerated hernias. Lysis is typically not coded separately because it is considered an integral procedural step necessary to reach the operative site. As an exception, lysis of adhesions can be coded separately when the surgeon clearly documents its clinical significance in the operative repair, for example if the adhesions are extensive and require tedious lysis.

CHARACTER	DESCRIPTION
2: Body System	For adhesiolysis in association with hernia repair, the body system is typically D-Gastrointestinal System
3: Root Operation	The root operation for adhesiolysis is N-Release.
4: Body Part	The body part value is coded according to the body part being freed, not the tissue being cut to free it. For example, if adhesions are taken down to free the omentum from the abdominal wall, the body part is T-Greater Omentum. Similarly, if adhesions are taken down to free the jejunum, the body part is A-Jejunum.

SECTION	0 Medical And Surgical		
BODY SYSTEM	D Gastrointestinal System		
OPERATION	N Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force		
BODY PART	APPROACH	DEVICE	QUALIFIER
1 Esophagus, Upper 2 Esophagus, Middle 3 Esophagus, Lower 4 Esophagogastric Junction 5 Esophagus 6 Stomach 7 Stomach, Pylorus 8 Small Intestine 9 Duodenum A Jejunum B Ileum C Ileocecal E Large Intestine F Large Intestine, Right G Large Intestine, Left H Cecum J Appendix K Ascending Colon L Transverse Colon M Descending Colon N Sigmoid Colon P Rectum	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening via Endoscopic	Z No Device	Z No Qualifier

Example

- **Laparoscopic ventral hernia repair with synthetic mesh and tedious lysis of extensive small bowel adhesions**
0DN84ZZ Release small intestine, percutaneous endoscopic approach

The release of small intestine code is constructed from the ODN code table above. 0WUF4JZ describes the hernia repair and placement of synthetic mesh. See code table 0WU under Abdominal Wall Repair for construction of this code.

TRAM Flap

A transverse rectus abdominis myocutaneous flap is used to reconstruct the breast, typically after mastectomy for cancer or other disorders. A section of skin, fascia and muscle are harvested from the lower abdomen and, while still maintaining an attachment to the lower abdomen for blood supply, advanced into place over the breast area to create a new breast mound. For reinforcement, mesh is often separately placed at the defect in the lower abdominal wall where the muscle was harvested.

CHARACTER	DESCRIPTION
2: Body System	Because a TRAM flap involves abdominal muscles, the body system is K-Muscles.
3: Root Operation	The root operation for TRAM flap is X-Transfer since the muscle is moved to another location and takes over its function.
7: Qualifier	The qualifier 6-Transverse Rectus Abdominis Myocutaneous Flap is defined specifically for TRAM and shows the tissue layers being transferred.

SECTION	0 Medical And Surgical		
BODY SYSTEM	K Muscles		
OPERATION	X Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part		
BODY PART	APPROACH	DEVICE	QUALIFIER
K Abdomen Muscle, Right L Abdomen Muscle, Left	0 Open 4 Percutaneous Endoscopic	K Nonautologous Tissue Substitute Z No Device	0 Skin 1 Subcutaneous Tissue 2 Skin and Subcutaneous Tissue 6 Transverse Rectus Abdominis Myocutaneous Flap Z No Qualifier

Example

- TRAM flap of left breast with repair of abdominal wall defect using Permacol™ Surgical Implant via open approach**
OKXL0Z6 [Transfer left abdomen muscle, transverse rectus abdominis myocutaneous flap, open approach](#)

The TRAM Flap code is constructed from the OKX code table above. 0WUF0KZ describes the hernia repair and placement of Permacol™ Surgical Implant. See code table 0WU under Abdominal Wall Repair for construction of this code.

HOSPITAL INPATIENT DRGS FOR HERNIA REPAIR AND ABDOMINAL WALL REPAIR

DRG Assignment FY2020—effective October 1, 2019

Under Medicare’s MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Implanted devices are typically included in the flat payment and are not paid separately. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS-DRGs shown are those typically assigned when the patient is admitted specifically for the procedure.

W MCC in MS-DRG titles refer to the secondary diagnosis codes that are designated as major complications or comorbidities. MS-DRGs have at least one major secondary complication or comorbidity. Similarly, W CC in MS-DRG titles refer to secondary diagnosis codes designated as other (non-major) complications or comorbidities. MS-DRGs WO CC/MCCs have no secondary diagnoses that are designated as complications or comorbidities, major or otherwise. Note that some secondary diagnoses are only designated as CCs or MCCs when the conditions were present on admission, and do not count as CCs or MCCs when the conditions are acquired during the stay.

In addition, Post-Acute Care Transfer (PACT) status refers to selected DRGs in which payment to the hospital may be reduced when the patient is discharged by being transferred out. The DRGs impacted are those marked “Yes” and the patient must be transferred out before the geometric mean length of stay to certain post-acute care providers, including rehabilitation hospitals, long term care hospitals, skilled nursing facilities, or to home under the care of a home health agency. When these conditions are met, the DRG payment is converted to a per diem and payment is made as double the per diem rate for the first day plus the per diem rate for each remaining day up to the full DRG payment.

MS-DRG ³	MS-DRG Title ³	FY 2020 Relative Weight ³	FY 2020 Geometric Mean Length of Stay ³	FY 2020 Subject to PACT ³	FY 2020 Medicare National Average ³
Repair of Diaphragmatic Hernia (Hiatal Hernia, Paraesophageal Hernia)					
326	Stomach, Esophageal and Duodenal Procedures W MCC	5.2705	9.8	Yes	\$32,988
327	Stomach, Esophageal and Duodenal Procedures W CC	2.5729	4.7	Yes	\$16,104
328	Stomach, Esophageal and Duodenal Procedures W/O CC/MCC	1.5750	2.2	Yes	\$9,858
Adhesiolysis When lysis of adhesions is coded separately with hernia repair, the code for adhesiolysis takes precedence over the code for hernia repair in DRG assignment logic. The Adhesiolysis DRGs 335-337 are assigned instead of Hernia DRGs 350-355.					
335	Peritoneal Adhesiolysis W MCC	4.0451	9.6	Yes	\$25,318
336	Peritoneal Adhesiolysis W CC	2.2662	6.0	Yes	\$14,184
337	Peritoneal Adhesiolysis W/O CC/MCC	1.6397	3.8	Yes	\$10,263
Hernia Repair - Inguinal, Femoral					
350	Inguinal and Femoral Hernia Procedures W MCC	2.4393	5.3	No	\$15,267
351	Inguinal and Femoral Hernia Procedures W CC	1.4583	3.2	No	\$9,127
352	Inguinal and Femoral Hernia Procedures W/O CC/MCC	1.0768	2.0	No	\$6,740
Hernia Repair - Other (Epigastric, Incisional/Ventral, Lumbar, Parastomal, Spigelian, Umbilical)					
353	Hernia Procedures Except Inguinal and Femoral W MCC	2.9669	5.8	No	\$18,570
354	Hernia Procedures Except Inguinal and Femoral W CC	1.7221	3.7	No	\$10,779
355	Hernia Procedures Except Inguinal and Femoral W/O CC/MCC	1.3724	2.5	No	\$8,590
TRAM Flap When placement of mesh at the abdominal wall defect is coded separately with TRAM flap, the code for TRAM flap takes precedence in DRG assignment logic and breast DRGs 582-585 are assigned depending on the diagnosis.					
582	Mastectomy for Malignancy W CC/MCC	1.5787	2.5	No	\$9,881
583	Mastectomy for Malignancy W/O CC/MCC	1.4614	1.7	No	\$9,147
584	Breast Biopsy, Local Excision and Other Breast Procedures W CC/MCC	1.8284	3.7	No	\$11,444
585	Breast Biopsy, Local Excision and Other Breast Procedures W/O CC/MCC	1.6973	2.2	No	\$10,623

MS-DRG ¹⁵	MS-DRG Title ^{15,16}	FY 2020 Relative Weight ¹⁵	FY 2020 Geometric Mean Length of Stay ¹⁵	FY 2020 Subject to PACT ^{15,17}	FY 2020 Medicare National Average ¹⁵
Abdominal Wall Repair for Trauma The DRGs shown are assigned when repair of the abdominal wall injury is the most significant procedure. If other more significant procedures for injury are also performed, e.g. repair of hip fracture, those procedures will typically take precedence in DRG assignment logic.					
907	Other O.R. Procedures for Injuries W MCC	3.9896	7.1	Yes	\$24,971
908	Other O.R. Procedures for Injuries W CC	2.0631	4.0	Yes	\$12,913
909	Other O.R. Procedures for Injuries W/O CC/MCC	1.3187	2.4	Yes	\$8,254
957	Other O.R. Procedures for Multiple Significant Trauma W MCC	7.5337	9.5	No	\$47,153
958	Other O.R. Procedures for Multiple Significant Trauma W CC	4.1909	6.8	No	\$26,231
959	Other O.R. Procedures for Multiple Significant Trauma W/O CC/MCC	2.8005	4.5	No	\$17,528

Supply Codes*

*Packaged into Payment for Other Services

HCPCS CODE	DESCRIPTION
C1726	Catheter, balloon dilatation, non-vascular
C1781	Mesh (implantable)
C9364	Porcine implant, permacol, per square centimeter

References:

- Centers for Medicare & Medicaid Services. 2020 ICD-10 PCS Code Tables and Index. <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS>
- Centers for Medicare & Medicaid Services. ICD-10-PCS Official Guidelines for Coding and Reporting (Procedure), B3.1b. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-ICD-10-PCS-Guidelines.pdf>
- Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2020 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Final Rule, Federal Register (84 Fed Reg. No. 159 42044 – 42701) 42 CFR Parts 412, 413, and 495. <https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf>. Published August 16, 2019. See also – Correction Notice, Federal Register (84 Fed. Reg. No. 195 53603 – 53630) 42 CFR Parts 412, 413, and 495. <https://www.govinfo.gov/content/pkg/FR-2019-10-08/pdf/2019-21865.pdf>. Published October 8, 2019. The payment rate shown is the standardized amounts for facilities with a wage index greater than one. The average standard amounts shown also assume facilities receive the full quality update. The payment will also be adjusted by the Wage Index for specific geographic locality. Therefore, payment for a specific hospital will vary from the stated Medicare national average payment levels shown.

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