

In the event of a conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of a conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern.

Providers are responsible for accurately, completely, and legibly documenting the services performed including any preoperative workup. The billing office is expected to submit claims for services rendered using valid codes from the Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), National Drug Codes (NDC) ,Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code auditing protocols for services/procedures billed.

Hernia Repair

Policy Number: CPCP012

Version: 6.0

Clinical Payment and Coding Policy Committee Approval Date: 02/22/2019

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Description:

A hernia can occur when an internal organ or another part of the body protrudes through the wall of the cavity that it is normally enclosed in. When muscles become weak, tissue can bulge through a hole and can cause a visible lump with associated pain.

Health care providers (i.e. facilities, physicians and other health care professionals) are expected to exercise independent medical judgment in providing care to patients. This policy is not intended to impact care decisions or medical practice.

Reimbursement and payment are determined by the Plan Documents under which the Member is entitled to Covered Services.

The table below provides a reference for hernia types and is not an all-encompassing hernia repair coding list. Codes included in this policy do not guarantee a covered service.

Hernia Type	Common Types of Hernia Type	Description	Diagnosis	Cause & Symptoms	Codes
Diaphragmatic Hernia	<ul style="list-style-type: none"> • Bochdalek Hernia- Back and side of the diaphragm. The intestines, liver, stomach and/or spleen move upwards into the chest cavity. • Morgagni Hernia- Front side of the diaphragm. The intestines and/or liver move upwards into the chest cavity. 	<p>For infants, a birth defect in which there is an abnormal opening in the diaphragm.</p> <p>In rare instances there can be late onset or diagnosis of diaphragmatic hernias that may be related to a trauma or other cause.</p>	<p>For infants: Ultrasound of fetus before born; After birth-physical exam, X-ray, ultrasound, CT Scan, MRI, arterial blood gas test</p> <p>For adults: Ultrasound, X-ray, CT Scan, MRI (Imaging studies)</p>	<p>Common causes: Congenital Diaphragmatic Hernia (CDH) from abnormal development of abdomen in forming fetus, injuries to the diaphragm</p> <p>Symptoms may include: Difficulty breathing, rapid heart rate (tachycardia), Cyanosis, caved abdomen, abdominal pain, indigestion, abnormal chest development.</p>	39501, 39503, 39540, 39541, 39545, 39560, 39561, 39599, 44238
Epigastric Hernia	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling. 	<p>Small in size, 5 cm to 6 cm. Typically Above the umbilicus in the upper abdomen</p>	Physical exam, ultrasound, CT Scan.	<p>Common causes: Aging, injury, heavy lifting, persistent coughing, difficulty with bowel movements or urination that causes the abdominal wall to weaken or separate.</p> <p>Symptoms can include: Bulge in upper abdomen, sharp pain,</p>	49570, 49572, 49652, 49653

<p>Femoral Hernia</p>	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling. 	<p>Uncommon hernia that appears as a painful lump in the inner upper part of the thigh or groin that can often be pushed back in</p>	<p>Physical exam, ultrasound,</p>	<p>Common causes: fatty tissue or part of bowel pokes through into groin at top of inner thigh; strain on abdomen; weak femoral canal</p>	<p>49550, 49553, 49555, 49557</p>
<p>Hiatal Hernia</p>	<ul style="list-style-type: none"> • Sliding Hiatal Hernia- Common hiatal hernia that occurs when gastro-esophageal junction and part of the stomach protrude into the chest. • Para-esophageal Hernia- When a portion of the stomach protrudes through the hole that the esophagus passes through to the diaphragm. 	<p>Protrusion of the upper part of the stomach into the thorax through a tear or weakness in the diaphragm.</p>	<p>Upper GI Endoscopy, Barium Swallow Study, MRI or CT Scan</p>	<p>Common cause is obesity. Symptoms can include: Acid reflux, chronic heartburn, GERD, difficulty swallowing, restricted blood flow to the stomach.</p>	<p>43280, 43281, 43282, 43289, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337, 44239</p>
<p>Incisional Hernia</p>	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling. 	<p>Occurs at the area of a prior operation due to a weakening of the abdominal wall.</p>	<p>Physical exam, blood tests, X-ray or CT Scan.</p>	<p>Common Causes: Obesity, pregnancy, excessive pressure from coughing or sneezing, heavy lifting. Symptoms can include: Fever, infection, bulging, visual protrusion,</p>	<p>49560, 49561, 49565, 49566, 49568, 49654, 49655, 49656, 49657</p>

				pain, ache, swelling,	
Inguinal Hernia	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling. 	Occurs when tissue protrudes through a weak spot in the abdominal muscles/groin area.	Physical exam, ultrasound, CT Scan or MRI.	Common causes: Increased pressure w/in the abdomen, pregnancy, chronic coughing or sneezing, strenuous activity. Symptoms can include: Stomach muscle weakness, sharp pain, swelling in scrotum, bulge in groin.	49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49650, 49651, 54640 , 55540
Spigelian Hernia	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling. 	Hernia through the Spigelian fascia, defect in the lateral abdominal wall. This is also called a lateral ventral hernia. (At a very high risk for strangulation.)	Physical exam, ultrasound, CT Scan, X-ray	Common causes: Weaknesses in the muscles of the abdomen, previous injury, heavy lifting, chronic coughing. Symptoms may include: Pain increasing with activities, straining during bowel movements, heavy lifting, nausea, vomiting.	49590, 49652, 49653
Umbilical Hernia	<ul style="list-style-type: none"> • Incarcerated Hernia- hernia that is trapped in the abdominal wall. • Strangulated Hernia- An incarcerated hernia that becomes strangulated cutting 	Occurs when part of the intestine protrudes through the umbilical opening in the abdominal muscles.	Physical exam; for complications, an abdominal ultrasound or CT Scan.	Common causes For Infants: Premature babies w/low birth weight; For Adults obesity or having	49580, 49582, 49585, 49587, 49652, 49653, 51500

	the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling.			multiple pregnancies. Symptoms may include: Swollen bulge near navel.	
Ventral Hernia	<ul style="list-style-type: none"> Strangulated ventral hernia- the intestinal tissue is firmly caught within the opening of the abdominal wall and cannot be pushed back. Blood flow is cut off requiring surgery immediately. 	Bulge of tissues through a weakness within the abdominal wall muscles.	Physical exam, abdominal ultrasound, abdominal CT Scan, abdominal MRI Scan.	<p>Common causes: pregnancy, obesity, history of previous hernias, previous surgeries, family history, frequent lifting of heavy objects, injuries to bowel.</p> <p>Symptoms can include: Mild discomfort in abdominal area, pain, bulging of skin or tissues, nausea, vomiting</p>	49560, 49561, 49565, 49566, 49568, 49652, 49653, 49654, 49655, 49656,49657

Note: Unlisted laparoscopic procedures including, hernioplasty, herniorrhaphy and herniotomy, may be reimbursed when using CPT code 49659, for a laparoscopic repair. Hybrid laparoscopic and open repairs during a hernia repair procedure should include the applicable code for the open hernia repair

For a complete list of the General Treatment Course see MCG care guidelines.

Reimbursement Information:

Using the correct billing codes or combination of codes is the key to minimizing delays in claim(s) processing. Please ensure that revenue codes and procedure codes reflect the diagnoses and services rendered.

Some preoperative testing before low risk surgery for Members needing hernia repair without comorbidities may not be necessary and the physician is urged to follow the most current best practice guidelines for pre-op testing.

Preoperative testing that is done in the facility related to hernia repair procedures should be included in the same claim submission as the procedure regardless if the testing was done on

the same date. If the testing is done outside of the facility prior to admission, it should be billed separately. All preoperative testing should be completed within 24 to 72 hours of admission unless otherwise agreed upon.

Hernia repairs performed concurrently with procedures that are covered and not covered by the Members benefit plan will not be reimbursed, unless deemed medically necessary according to HCSC medical policy SUR716.003 and MCG care guidelines.

- ✓ If the clinical documentation does not support the medical necessity of a hernia repair, hernia repair codes will be denied.
- ✓ All associated services including but not limited to Preoperative testing, Anesthesia services, Facility Charges, Physician Fees performed in conjunction with non-covered procedures including non-medically necessary hernia repair will be denied.
- ✓ When a medically necessary hernia repair is performed concurrently with a non-covered procedure, only services associated with the medically necessary hernia repair and not the non-covered procedure will be reimbursed.
- ✓ Exclusions can apply under the group or member benefit plan or provider contract.
- ✓ If appropriate coding and billing guidelines are not followed, the plan reserves the right to audit a claim and request supporting documentation that may result in a denial or reassigned payment rate.

References:

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Bariatric Surgery, SUR716.003

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Policy Update History:

CPCP	Title	Description	HCSC Approval Date	BCBSNM Approval Date	Effective Date	End Date
012	Hernia Repair	Annual Review	02/22/2019	03/19/2019	03/26/2019	
012	Hernia Repair	New policy	02/23/2018			03/25/2019