

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.

Hernia Repair

Policy Number: CPCP012

Version: 5.0

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Description:

Hernias 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 Hernia Repair 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.

Providers are responsible for accurately, completely, and legibly documenting preoperative work up and the services performed. The billing office is expected to submit claims for services rendered using valid codes from 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: UB Editor, (American Medical Association (AMA), (Current Procedural Terminology (CPT), CPT Assistant, Healthcare Common Procedure Coding System (HCPCS), 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.

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 that the service represented by those codes are a Covered Service.

Hernia Type	Common Types of Hernia Type	Description	Diagnosis	Cause & Symptoms	Codes
<i>Diaphragmatic Hernia</i>		For infants, a birth defect in which there is an abnormal	For infants: Ultrasound of fetus before born; After birth-physical	Common causes: Congenital Diaphragmatic Hernia (CDH) from abnormal	39501, 39503, 39540, 39541, 39545,

		opening in the diaphragm.	exam, X-ray, ultrasound, CT Scan, MRI, arterial blood gas test	development of abdomen in forming fetus, injuries to the diaphragm Symptoms may include: Difficulty breathing, rapid heart rate (tachycardia), Cyanosis, caved abdomen, abnormal chest development.	39560, 39561, 39599
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. 	Occurs in the upper abdomen	Physical exam, ultrasound, CT Scan.	Common causes: Aging, injury, heavy lifting, persistent coughing, difficulty with bowel movements or urination that causes the abdominal wall to weaken or separate. Symptoms can include: Bulge in upper abdomen, sharp pain,	49570, 49572, 49652, 49653
Femoral Hernia		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	Physical exam, ultrasound,	Common causes: fatty tissue or part of bowel pokes through into groin at top of inner thigh; strain on abdomen.	49550, 49553, 49555, 49557
Hiatal Hernia	<ul style="list-style-type: none"> • Sliding Hiatal Hernia- Common hiatal hernia that occurs when gastro-esophageal junction and part of the 	Protrusion of the upper part of the stomach into the thorax through a tear or weakness in the diaphragm.	Upper GI Endoscopy, Barium Swallow Study, MRI or CT Scan	Common cause is obesity. Symptoms can include: Acid reflux, chronic heartburn, GERD, difficulty swallowing,	43280, 43281, 43282, 43327, 43328, 43332, 43333, 43334, 43335,

	<p>stomach protrude into the chest.</p> <ul style="list-style-type: none"> • Para-esophageal Hernia- When a portion of the stomach protrudes through the hole that the esophagus passes through to the diaphragm. 			restricted blood flow to the stomach.	43336, 43337
Incisional Hernia		Occurs at the area of a prior operation due to a weakening of the abdominal wall.	Physical exam, blood tests, X-ray or CT Scan.	<p>Common Causes: Obesity, pregnancy, excessive pressure from coughing or sneezing, heavy lifting.</p> <p>Symptoms can include: Fever, infection, bulging, visual protrusion, pain, ache, swelling,</p>	49560, 49561, 49565, 49566, 49568, 49654, 49655, 49656, 49657
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.	<p>Common causes: Increased pressure w/in the abdomen, pregnancy, chronic coughing or sneezing, strenuous activity.</p> <p>Symptoms can include: Stomach muscle weakness, sharp pain, swelling in the scrotum or a bulge in the groin.</p>	49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49650, 49651
Spigelian Hernia		Hernia through the Spigelian fascia, defect	Physical exam, ultrasound, CT Scan, X-ray	Common causes: Weaknesses in the muscles of	49590, 49652, 49653

		in the lateral abdominal wall. This is also called a lateral ventral hernia and is at a very high risk for strangulation.		the abdomen, previous injury, heavy lifting, chronic coughing. Symptoms may include: Pain increasing with activities, straining during bowel movements, heavy lifting, nausea, vomiting.	
<i>Umbilical Hernia</i>		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 multiple pregnancies. Symptoms may include: Swollen bulge near the navel.	49580, 49582, 49585, 49587, 49652, 49653
<i>Ventral Hernia</i>	<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.	Common causes: pregnancy, obesity, history of previous hernias, previous surgeries, family history, frequent lifting of heavy objects, injuries to the bowel. Symptoms can include: Mild discomfort in the abdominal area, pain, bulging of skin or tissues, nausea, vomiting	49560, 49561, 49565, 49566, 49568, 49652, 49653

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 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.
- ✓ Providers submitting claims higher than customary rate are subject to medical director review.

References:

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Bariatric Surgery, SUR716.003

Policy Update History:

Approval Date	Description
02/23/2018	New Policy