

Complex abdominal repairs

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This column responds to several coding questions regarding the topic of complex abdominal repairs recently posed to the ACS Coding Hotline, and raised during ACS coding workshops. The article is designed to help Fellows of the College to correctly code ventral hernia repairs.

It should be noted that ACS Fellows and their staff may consult the ACS Coding Hotline five times annually without charge. If your office has coding questions, please contact the ACS Coding Hotline at 800-227-7911 between 7:00 am and 4:00 pm Mountain Time, Monday through Friday, holidays excluded.

Coding for ventral hernia repairs

General surgeons have many options for how they repair ventral, incisional hernias. In recent years, more complex operations for larger ventral hernias have become more commonplace. Techniques including component separation of the abdominal wall (so-called “separation of parts”), onlay or underlay of prosthetic or biologic mesh, and laparoscopic transperitoneal approaches have been used with increased frequency. Current Procedural Terminology (CPT)^{*} codes available for operative hernia repair have evolved, but may not always include specific codes to adequately describe current techniques. The American College of Surgeons believes that the majority of ventral hernia repair cases can be correctly coded using the CPT codes identified in this article.

Incisional hernia with mesh repair

Use codes 49560–49566, *Incisional or ventral hernia repair; reducible or incarcerated, initial or recurrent*, to describe the primary procedure. Code 49568, *Implantation of*

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mesh or other prosthesis, is an add-on code for use with 49560–49566. A modifier is not required with an add-on code. This code does not specify type of mesh, and therefore is

appropriate for use of biological mesh. All codes in the 15000 series were specifically created for burn wounds, and fall within the skin substitute/integumentary section of the *CPT Codebook*.

These codes are not intended to be used for abdominal wall fascial repair. More specifically, 15330, *Acellular dermal allograft, trunk, arms, legs first 100sq cm or 1% body area of infants and children*, and 15430, *Acellular xenograft implant first 10 sq cm or 1% body area of infants or children*, are included in this skin substitute section and do not apply to reconstruction of the abdominal wall hernia.

Some general surgeons now perform component separation of the abdominal wall, where the oblique or transversalis muscles are incised lateral to the hernia and the rectus muscles are mobilized toward the midline, to facilitate wound closure. For this operation, the use of code 15734, *muscle, myocutaneous, or fasciocutaneous flap, trunk*, would be appropriate; add modifier -50 if both sides are mobilized; and because this action represents an additional procedure through the same hernia incision, it should also carry the -51 modifier. Addition of CPT codes for complex closure of a wound (such as 13101, *Repair, complex, trunk; 2.6 cm to 7.5 cm*) is considered inappropriate, because the closure would be included in the hernia code (49560-66) and flap codes.

If the procedure requires removal of an old mesh, now infected or involved in an enterocutaneous fistula, use code 10180, *I&D complex postoperative wound infection*, or 11005, *Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection, abdominal wall*, and include 11008, *removal of prosthetic material or mesh, abdominal wall for infection* (if applicable). This is an add-on code and is modifier -51 exempt.

In 2009, new codes for laparoscopic repair of ventral hernias were introduced, codes 49652-49657. For the laparoscopic hernia codes, the 49568 modifier is not used, as the relative value of mesh placement is included in all of these codes. For more complicated laparoscopic procedures, such as the inclusion

of separation of components, there is a code for unlisted laparoscopic hernioplasty, 49659. Procedures which are hybrid laparoscopic and open repairs should be reported with the appropriate open codes. □

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