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 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

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Around the corner

The American College of Surgeons and Economedix will present the following live webcasts:
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Each 90-minute webcast will be conducted by Tom Loughrey, MBA, CCS-P, starting at 1:00 pm Eastern Time and ending with a question-and-answer period. Each program will be recorded for registrants who want to listen to the course a second time or who miss all, or part, of the program.


For additional information, contact Economedix by e-mail at rley@economedix.com or by phone at 877-401-9655.

For practice management questions, go to http://www.yourmedpractice.com/Ex/12/PMQs-ACS.htm. Questions will be answered via e-mail free of charge.

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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 spe-
cifically, 15330, Acellular dermal allograft,
trunk, arms, legs first 100sq cm or 1% body
area of infants and children, and 15430, Acel-
lular xenograft implant first 10 sq cm or 1%
body area of infants or children, are included
in this skin substitute section and do not ap-
ply to reconstruction of the abdominal wall
hernia.

Some general surgeons now perform compo-
nent 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 ap-
propriate; 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 consid-
ered 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 enteroc-
cutaneous fistula, use code 10180, I&D com-
p lex 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, ab-
dominal 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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