This column lists some questions regarding Current Procedural Terminology (CPT)* recently posed to the ACS Coding Hotline and the responses. ACS members and their staff may consult the hotline 10 times annually without charge as a benefit of membership in the College. If your office has coding questions, contact the Coding Hotline at 800/227-7911 between 8:00 am and 6:00 pm central time, holidays excluded.

A surgeon performed the following: 44160, colectomy, partial, with removal of terminal ileum with ileocolostomy; 49560, repair initial incisional or ventral hernia; reducible; 49568 (add-on code), implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection; and 44005, enterolysis. Why was only the claim for 44160 approved?

The National Correct Coding Initiative (NCCI) edits allow reporting of the three codes (with a modifier); however, if the hernia repair is performed at the site of an incision for an open abdominal procedure, the hernia repair is not separately reportable. The mesh code 49568 is an add-on code for hernia repair. According to the NCCI edits, the enterolysis (44005) is considered an integral component of the colectomy code.

If I make one incision to repair two or more hernias, may I code for multiple hernia repairs?

Medicare will pay for only one hernia repair per incision. If the surgeon believes the hernia repair was unusually complex and added significantly to the overall procedure, then modifier –22, “unusual procedural service,” can be appended to the hernia repair code. Documentation explaining the unusual circumstance should be added to the claim.

Has there been a code developed for laparoscopic hernia repair that is newer than code 49659?

The unlisted procedure code 49659 is the correct code for Medicare. If this is a non-Medicare patient, you might check with your insurer to see if it has an alternative preferred code.

What is the correct way to code for a repair of parastomal hernia and ventral hernia repair with mesh?

If the surgeon did a revision of the colostomy with repair of a paracolostomy hernia, then use...
code 44346. If two separate and distinct hernias were repaired (such as parastomal and ventral), then it is appropriate to also report code 49560 with a multiple procedure modifier –51. If mesh was used for the ventral hernia repair, use 49568 as an add-on code.

**How does one code for the mesh when billing an umbilical hernia repair with mesh? Can the add-on code of 49568 still be used?**

No, this add-on code is only for incisional or ventral hernia. With the exception of incisional and ventral hernias (49560 and 49566), use of mesh is not separately reportable.

The surgeon performed an inguinal hernia repair (49505, repair initial inguinal hernia, age 5 years or older; reducible) and billed and is getting paid for the add-on code of 49568, implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection along with 49505. Can he continue to bill for the mesh placement?

This setup is incorrect billing of 49568. The add-on code of 49568 is for incisional and/or ventral hernia repairs only. Medicare rules indicate that mesh placement is inclusive to all other types of abdominal hernia repairs.

**What PQRI code do I use? Do I use the “F” code, and which modifier should I use, “p1” or “p8”?**

The only measure that applies to CPT code 49560 is number 23, ordering and administering venous thromboembolism (VTE) prophylaxis. To report this measure, you must use the appropriate CPT II or “F” code on the same claim form that you bill the original procedure.

• If VTE prophylaxis was ordered or administered according to the measure, then you report the code 4044F.
• If it was not ordered or administered for a medical reason, then you report 4044F-1P.
• If it was not ordered or administered and there is no documented reason, then report 4044F-8P.

Refer to the sample claim form at [http://www.facs.org/ahp/pqri/claimexample.pdf](http://www.facs.org/ahp/pqri/claimexample.pdf) for an example to follow. This Web site has other valuable information on measures and codes, frequently asked questions, and flow sheet explanations. More information can also be obtained at the Centers for Medicare & Medicaid Services Web site, [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI).

**Resources**

**National Correct Coding Initiative**
http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp#TopOfPage

**Medicare Correct Coding Guide**
Salt Lake City, UT: Ingenix; 2007
(ISBN 1-978-56337-949-9)

**Dr. Bothe** is chief quality officer, Geisinger Health System, Danville, PA.