

## CLINICAL PAYMENT AND CODING SERVICES

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations 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: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

### Hernia Repair

**Policy Number: CPCP012**

**Version: 1.0**

**Clinical Payment and Coding Policy Committee Approval Date: April 22, 2022**

**Plan Effective Date: August 4, 2022 (Blue Cross and Blue Shield of Texas Only)**

### Description:

This policy addresses coding and reimbursement for hernia repair procedures/services. This policy is not intended to impact care decisions or medical practice. Health care providers (i.e., facilities, physicians and other qualified health care professionals) are expected to exercise independent medical judgement in providing care to members.

The Plan reserves the right to request supporting documentation. Providers are responsible for accurately, completely, and legibly documenting services performed. Additionally, appropriate coding is the key to minimizing delays in claim(s) processing.

Please ensure revenue codes and procedure codes reflect the diagnosis and services rendered. Claims that do not adhere to coding and billing guidelines may result in a denial or reassigned payment rate. Claims may be reviewed on a case-by-case basis.

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 an opening and can cause a visible lump that may or may not be associated with pain. Hernia repair is a method of treatment for some hernia types.

## Reimbursement Information:

The following is informational and is not an all-encompassing coding list. The inclusion of a code below does not guarantee a covered service or eligible reimbursement.

Hernia Type	Types of Hernia Type	Description	Diagnosis	Cause & Symptoms	Codes
<b>Diaphragmatic Hernia</b>	<ul style="list-style-type: none"> <li>• <b>Bochdalek Hernia</b>- Back and side of the diaphragm. The intestines, liver, stomach and/or spleen move upwards into the chest cavity.</li> <li>• <b>Morgagni Hernia</b>- Front side of the diaphragm. The intestines and/or liver move upwards into the chest cavity.</li> </ul>	<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 birth; 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 abdominal fetal development or injuries to the diaphragm.</p> <p>Symptoms may include Difficulty breathing, rapid heart rate (tachycardia), Cyanosis, caved abdomen, abdominal pain, indigestion or abnormal chest development.</p>	39501, 39503, 39540, 39541, 39545, 39560, 39561, 39599, 44238

<p><b>Epigastric Hernia</b></p>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling.</li> </ul>	<p>Small in size, 5 cm to 6 cm. Typically Above the umbilicus in the upper abdomen</p>	<p>Physical exam, ultrasound, CT scan.</p>	<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 or sharp pain.</p>	<p>49570, 49572, 49652, 49653</p>
<p><b>Femoral Hernia</b></p>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.</li> </ul>	<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><b>Hiatal Hernia</b></p>	<ul style="list-style-type: none"> <li>• <b>Sliding Hiatal Hernia</b>- Common hiatal hernia that occurs when gastro-esophageal junction and part of the stomach protrude into the chest.</li> <li>• <b>Para-esophageal Hernia</b>- When a portion of the stomach protrudes</li> </ul>	<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.</p> <p>Symptoms can include acid reflux, chronic heartburn, GERD, difficulty swallowing or restricted blood flow to the stomach.</p>	<p>43280, 43281, 43282, 43289, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337</p>



<b>Hiatal Hernia, cont.</b>	through the hole that the esophagus passes through to the diaphragm.				
<b>Incisional Hernia</b>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.</li> </ul>	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 or heavy lifting.</p> <p>Symptoms can include Fever, infection, bulging, visual protrusion, pain, ache or swelling.</p>	43336, 43337, 49560, 49561, 49565, 49566, 49568, 49654, 49655, 49656, 49657
<b>Inguinal Hernia</b>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.</li> </ul>	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 or strenuous activity.</p> <p>Symptoms can include stomach muscle weakness, sharp pain, swelling in scrotum or bulge in groin.</p>	49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49650, 49651, 54640, 55540
<b>Spigelian Hernia</b>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated</li> </ul>	Hernia through the Spigelian fascia, defect in the lateral abdominal wall. This is also called a lateral ventral hernia. (At a	Physical exam, ultrasound, CT scan, X-ray	Common causes: Weaknesses in the muscles of the abdomen, previous injury, heavy lifting, chronic coughing.	49590, 49652, 49653



<p><b>Spigelian Hernia, cont.</b></p>	<p>cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.</p>	<p>very high risk for strangulation.)</p>		<p>Symptoms may include pain increasing with activities, straining during bowel movements, heavy lifting, nausea or vomiting.</p>	
<p><b>Umbilical Hernia</b></p>	<ul style="list-style-type: none"> <li>• <b>Incarcerated Hernia</b>- hernia that is trapped in the abdominal wall.</li> <li>• <b>Strangulated Hernia</b>- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.</li> </ul>	<p>Occurs when part of the intestine protrudes through the umbilical opening in the abdominal muscles.</p>	<p>Physical exam; for complications, an abdominal ultrasound or CT scan.</p>	<p>Common causes For Infants: Premature babies w/low birth weight; For Adults obesity or having multiple pregnancies. Symptoms may include swollen bulge near navel.</p>	<p>49580, 49582, 49585, 49587, 49652, 49653, 51500</p>
<p><b>Ventral Hernia</b></p>	<ul style="list-style-type: none"> <li>• <b>Strangulated ventral hernia</b>- 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.</li> </ul>	<p>Bulge of tissues through a weakness within the abdominal wall muscles.</p>	<p>Physical exam, abdominal ultrasound, abdominal CT scan, abdominal MRI Scan.</p>	<p>Common causes: pregnancy, obesity, history of previous hernias, previous surgeries, family history, frequent lifting of heavy objects or injuries to bowel. Symptoms can include mild discomfort in abdominal area, pain, bulging of skin or tissues, nausea or vomiting.</p>	<p>49560, 49561, 49565, 49566, 49568, 49652, 49653, 49654, 49655, 49656, 49657</p>

**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 and other industry standard guidelines.

### **Preoperative Testing**

Preoperative testing before a low-risk surgery, for members needing a hernia repair procedure without comorbidities, may not be necessary. The physician is urged to follow the most current best practice guidelines for preoperative testing.

Preoperative testing that is performed at the facility related to hernia repair procedures should be included in the same claim submission as the procedure regardless of 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.

### **Bariatric Surgery Billed with Hernia Repair**

Providers should check the member's benefit coverage and/or exclusions for bariatric surgery and complications related to bariatric surgery. Hiatal hernia repair codes may be considered incidental or mutually exclusive if billed on the same date of service with the following bariatric codes, including, but not limited to: 43999, 43659, 43770, 43771, 43772, 43773, 43774 and 43775.

### **Additional Information**

- ✓ If the clinical documentation does not support the medical necessity of a hernia repair, hernia repair codes will be denied.
- ✓ **Services associated with the above-mentioned procedures** such as devices, procedures, supplies and/or drugs may also be considered not medically necessary or experimental, investigational and/or unproven (EIU). Additionally, services considered to be **related** to a non-covered service may also be considered non-covered. **Related services** include but are not limited to those services that are performed or utilized in conjunction with surgical procedures, infusion/administration of drugs, performance of tests, etc.
- ✓ Exclusions may apply under benefit plans or other plan documents.

### **References:**

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**Policy Update History:**

<b>Approval Date</b>	<b>Description</b>
02/23/2018	New Policy
02/22/2019	Annual review
05/29/2020	Annual review, Updated Disclaimer, References, Policy language
06/18/2021	Annual Review
04/22/2022	Annual Review