

2017 Coding and Reimbursement Guide for Ventral/Incisional Hernia and Complex Abdominal Wall Repair

The information provided herein reflects Cook Medical's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT® coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook Medical does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. We encourage you, when making coding decisions, to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you may submit claims. Cook Medical does not promote the off-label use of its devices.

If you have any questions please contact our reimbursement team at
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Introduction

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing ventral or incisional hernia repairs with the Zenapro™ Hybrid Hernia Repair Device.

Coverage

Medicare carriers may issue Local Coverage Decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp>) and contact their carrier's medical director (<http://www.cms.hhs.gov/apps/contacts/>) or commercial insurers to determine if a procedure is covered.

Coding

Ventral or incisional hernia repair utilizing the Zenapro™ Hybrid Hernia Repair Device is typically reported using the following Current Procedural Terminology (CPT) codes:

Open Hernia Repair Codes

49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair) <i>Zenapro is contraindicated for use in infected wounds.</i>

Separation of Components

15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk

If both rectus muscles are mobilized report 15734 with modifier -50 to indicate bilateral procedure.¹

If separation of components is performed through the same incision as the hernia repair, report modifier -51 with 15734 to indicate multiple procedures.¹

¹Savarise TM, Senkowski CK, Barney LM. Complex abdominal repairs. *Bull Am Coll Surg.* 2009;94(11):34-35.

Laparoscopic Hernia Repair Codes

49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
NOTE:	<i>It would not be appropriate to report 49652-49657 in addition to 44180 (Laparoscopy, surgical, enterolysis) or 49568 (Implantation of mesh)</i>
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy <i>It would not be appropriate to report code 49568 in addition to laparoscopic code 49659.²</i>

²American Medical Association. *CPT Assistant.* 2005;15(11).

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Payment

2017 Medicare Reimbursement for Ventral and Incisional Hernia Repair utilizing Zenapro™ Hybrid Hernia Repair Device

CPT Code	Description	Ambulatory Surgery Center	APC	Outpatient Hospital	Physician Services
		Facility Payment (National Medicare Avg) ³		Facility Payment (National Medicare Avg) ⁴	Fee When Service Provided in the Hospital or ASC (National Medicare Avg) ⁵
49560	Repair initial incisional or ventral hernia; reducible	\$1,452.70	5341	\$2,861.53	\$765.86
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	\$1,452.70	5341	\$2,861.53	\$965.76
49565	Repair recurrent incisional or ventral hernia; reducible	\$2,037.05	5361	\$4,197.36	\$797.45
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$2,037.05	5361	\$4,197.36	\$974.38
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	Packaged service/item; no separate payment			\$278.50
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	\$1,352.27	5055	\$2,503.63	\$1,361.98
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Unlisted codes are not included on Medicare's approved list of procedures	5361	\$4,197.36	Carrier-priced procedure
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian, or epigastric hernia (includes mesh insertion, when performed); reducible	\$2,037.05	5361	\$4,197.36	\$771.97
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian, or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$2,037.05	5361	\$4,197.36	\$963.25
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	\$3,272.69	5362	\$6,966.89	\$878.20

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to, multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).

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CPT Code	Description	Ambulatory Surgery Center	APC	Outpatient Hospital	Physician Services
		Facility Payment (National Medicare Avg) ³		Facility Payment (National Medicare Avg) ⁴	Fee When Service Provided in the Hospital or ASC (National Medicare Avg) ⁵
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$3,272.69	5362	\$6,966.89	\$1,071.64
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	\$3,272.69	5362	\$6,966.89	\$952.84
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$3,272.69	5362	\$6,966.89	\$1,372.38

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to, multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).

³2017 Medicare Ambulatory Surgery Center Fee Schedule

⁴2017 Medicare Hospital Outpatient Prospective Payment System Fee Schedule

⁵2017 Medicare Physician Fee Schedule

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2017 physician fees for your local area can be found at the following CMS links:

http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

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