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. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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: 2.0

Clinical Payment and Coding Policy Committee Approval Date: June 18, 2021

Plan Effective Date: June 18, 2021

Description:

This policy serves as a guideline to address 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. When muscles become weak, tissue can bulge through an opening and can cause a visible lump that may or may not be associated 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
Diaphragmatic Hernia	• ***Bochdalek Hernia-*** Back and side of the diaphragm. The intestines, liver, stomach and/or spleen move upwards into the chest cavity. • ***Morgagni Hernia-*** Front side of the diaphragm. The intestines and/or liver move upwards into the chest cavity.	For infants, a birth defect in which there is an abnormal opening in the diaphragm. In rare instances there can be late onset or diagnosis of diaphragmatic hernias that may be related to a trauma or other cause.	For infants: Ultrasound of fetus before birth; After birth-physical exam, X-ray, ultrasound, CT Scan, MRI, arterial blood gas test For adults: Ultrasound, X-ray, CT Scan, MRI (Imaging studies)	Common causes: Congenital Diaphragmatic Hernia (CDH) from abnormal abdominal fetal development, or injuries to the diaphragm. Symptoms may include: Difficulty breathing, rapid heart rate (tachycardia), Cyanosis, caved abdomen, abdominal pain, indigestion, or abnormal chest development.	39501, 39503, 39540, 39541, 39545, 39560, 39561, 39599, 44238
Epigastric Hernia	• ***Incarcerated Hernia***- hernia that is trapped in the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that	Small in size, 5 cm to 6 cm. Typically Above the umbilicus in the upper abdomen	Physical exam, ultrasound, CT Scan.	Common causes: Aging, injury, heavy lifting, persistent coughing, difficulty with bowel movements or urination that	49570, 49572, 49652, 49653

	becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pains and swelling.			causes the abdominal wall to weaken or separate. Symptoms can include: Bulge in upper abdomen, or sharp pain.	
Femoral Hernia	• ***Incarcerated Hernia***- hernia that is trapped in the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.	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	Physical exam, ultrasound	Common causes: fatty tissue or part of bowel pokes through into groin at top of inner thigh; strain on abdomen; weak femoral canal.	49550, 49553, 49555, 49557
Hiatal Hernia	• ***Sliding Hiatal Hernia***- Common hiatal hernia that occurs when gastro-esophageal junction and part of the stomach protrude into the chest. • ***Para-esophageal Hernia***- When a portion of the stomach protrudes through the hole that the esophagus passes through to the diaphragm.	Protrusion of the upper part of the stomach into the thorax through a tear or weakness in the diaphragm.	Upper GI Endoscopy, Barium Swallow Study, MRI or CT Scan	Common cause is obesity. Symptoms can include: Acid reflux, chronic heartburn, GERD, difficulty swallowing, or restricted blood flow to the stomach.	43280, 43281, 43282, 43289, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337
Incisional Hernia	• ***Incarcerated Hernia***- hernia that is trapped in	Occurs at the area of a prior operation due	Physical exam, blood tests, X-ray or CT Scan.	Common Causes: Obesity,	43336, 43337, 49560,

	the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.	to a weakening of the abdominal wall.		pregnancy, excessive pressure from coughing or sneezing, or heavy lifting. Symptoms can include: Fever, infection, bulging, visual protrusion, pain, ache, or swelling.	49561, 49565, 49566, 49568, 49654, 49655, 49656, 49657
Inguinal Hernia	• ***Incarcerated Hernia***- hernia that is trapped in the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.	Occurs when tissue protrudes through a weak spot in the abdominal muscles/groin area.	Physical exam, ultrasound, CT Scan or MRI.	Common causes: Increased pressure w/in the abdomen, pregnancy, chronic coughing or sneezing, or strenuous activity. Symptoms can include: Stomach muscle weakness, sharp pain, swelling in scrotum, or bulge in groin.	49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49650, 49651, 54640, 55540
Spigelian Hernia	• ***Incarcerated Hernia***- hernia that is trapped in the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp	Hernia through the Spigelian fascia, defect in the lateral abdominal wall. This is also called a lateral ventral hernia. (At a very high risk for strangulation.)	Physical exam, ultrasound, CT Scan, X-ray	Common causes: Weaknesses in the muscles of the abdomen, previous injury, heavy lifting, chronic coughing. Symptoms may include: Pain increasing with activities, straining during bowel movements, heavy lifting,	49590, 49652, 49653

	pain and swelling.			nausea, or vomiting.	
Umbilical Hernia	• ***Incarcerated Hernia***- hernia that is trapped in the abdominal wall. • ***Strangulated Hernia***- An incarcerated hernia that becomes strangulated cutting off the blood flow. Symptoms of this include nausea, high fever, sharp pain and swelling.	Occurs when part of the intestine protrudes through the umbilical opening in the abdominal muscles.	Physical exam; for complications, an abdominal ultrasound or CT Scan.	Common causes For Infants: Premature babies w/low birth weight; For Adults obesity or having multiple pregnancies. Symptoms may include: Swollen bulge near navel.	49580, 49582, 49585, 49587, 49652, 49653, 51500
Ventral Hernia	• ***Strangulated ventral hernia***- 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.	Bulge of tissues through a weakness within the abdominal wall muscles.	Physical exam, abdominal ultrasound, abdominal CT Scan, abdominal MRI Scan.	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.	49560, 49561, 49565, 49566, 49568, 49652, 49653, 49654, 49655, 49656, 49657

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 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.

Member Eligibility

The plan may not reimburse for hernia repairs performed concurrently with procedures that are not covered by the members benefit plan, unless deemed medically necessary. For example, Medical Policy SUR716.003 states "Repair of a hiatal hernia at the time of bariatric surgery that is diagnosed at the time of bariatric surgery, or repair of a preoperatively diagnosed hiatal hernia in patients who do not have indications for surgical repair, is considered not medically necessary." However, it states "Repair of a hiatal hernia at the time of bariatric surgery may be considered medically necessary for patients who have objective, historical documentation of a preoperatively-diagnosed (e.g. 24-hour outpatient pH monitoring and Esophageal manometry) symptomatic hiatal hernia that has either failed to respond to 6 months of medical therapy with proton pump inhibitors (PPIs) or the patient has documented intolerance, FDA labeled contraindication, or hypersensitivity." If an eligible or covered procedure is performed concurrently with a hernia repair, providers may be required to submit supporting documentation and should bill appropriate code combinations.

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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Medical Policy: Bariatric Surgery, SUR716.003

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Policy Update History:

Approval Date	Description
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