

2021 BILLING AND CODING GUIDE

HERNIA & ABDOMINAL WALL REPAIR SURGERY



2021 Medicare Physician, Hospital Outpatient, ASC Coding and Payment

Rates listed in this guide are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare National Average rounded to the nearest whole number for 2021 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables. Unless otherwise stated in this document, there are no designated HCPCS¹ level II codes assigned for hernia and abdominal wall repair procedures.

CPT™ CODE ²	PROCEDURE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT ⁴
COMPONENT SEPARATION				
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	Facility Only: \$1,542	\$1,780	\$3,522
DIAPHRAGMATIC HERNIA				
39501	Repair, laceration of diaphragm, any approach	Facility Only: \$879	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	Facility Only: \$5,940	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	Facility Only: \$964	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
ENTEROLYSIS				
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	Facility Only: \$1,125	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	Facility Only: \$948	\$2,306	\$5,060
EPIGASTRIC HERNIA				
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	Facility Only: \$434	\$1,406	\$3,183
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	Facility Only: \$536	\$1,406	\$3,183
FEMORAL HERNIA				
49550	Repair initial femoral hernia, any age; reducible	Facility Only: \$596	\$1,406	\$3,183
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	Facility Only: \$653	\$1,406	\$3,183
49555	Repair recurrent femoral hernia; reducible	Facility Only: \$624	\$1,406	\$3,183
49557	Repair recurrent femoral hernia; incarcerated or strangulated	Facility Only: \$746	\$1,406	\$3,183

CPT™ CODE ²	PROCEDURE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT ⁴
INCISIONAL/VENTRAL HERNIA				
49560	Repair initial incisional or ventral hernia; reducible	Facility Only: \$761	\$1,406	\$3,183
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	Facility Only: \$959	\$1,406	\$3,183
49565	Repair recurrent incisional or ventral hernia; reducible	Facility Only: \$793	\$2,306	\$5,060
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	Facility Only:\$967	\$2,306	\$5,060
+49568 ⁵	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)	Facility Only: \$274	NA	Packaged Service/Item
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Facility Only: \$769	\$2,306	\$5,060
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Facility Only: \$962	\$2,306	\$5,060
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Facility Only: \$872	\$3,794	\$8,908
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Facility Only: \$1,068	\$3,794	\$8,908
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	Facility Only: \$946	\$3,794	\$8,908
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Facility Only: \$1,362	\$3,794	\$8,908
INGUINAL HERNIA				
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	Facility Only: \$992	\$1,406	\$3,183
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	Facility Only: \$423	\$1,406	\$3,183
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	Facility Only: \$636	\$1,406	\$3,183
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	Facility Only: \$430	\$1,406	\$3,183
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; Incarcerated or strangulated	Facility Only: \$627	\$1,406	\$3,183
49505	Repair initial inguinal hernia, age 5 years or older; reducible	Facility Only:\$540	\$1,406	\$3,183
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	Facility Only:\$606	\$1,406	\$3,183
49520	Repair recurrent inguinal hernia, any age; reducible	Facility Only:\$654	\$1,406	\$3,183

CPT™ CODE ²	PROCEDURE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT ⁴
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	Facility Only: \$740	\$1,406	\$3,183
49525	Repair inguinal hernia, sliding, any age	Facility Only: \$593	\$1,406	\$3,183
49650	Laparoscopy, surgical; repair initial inguinal hernia	Facility Only: \$446	\$2,306	\$5,060
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	Facility Only: \$581	\$2,306	\$5,060
LUMBAR HERNIA				
49540	Repair lumbar hernia	Facility Only: \$704	\$2,306	\$5,060
MESH IMPLANT HERNIA				
+49568 ⁵	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)	Facility Only: \$274	Packaged Service/Item	Packaged Service/Item
PARACOLOSTOMY HERNIA				
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Facility Only: \$1,216	NA	\$3,183
PARAESOPHAGEAL HERNIA				
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	Facility Only: \$1,113	\$3,794	\$8,908
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Facility Only: \$1,588	\$3,794	\$8,908
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Facility Only: \$1,785	\$3,794	\$8,908
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	Facility Only: \$1,403	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43327	Esophagogastric fundoplasty partial or complete; laparotomy	Facility Only: \$845	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	Facility Only: \$1,150	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	Facility Only: \$1,186	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	Facility Only: \$1,299	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	Facility Only: \$1,278	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	Facility Only: \$1,366	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	Facility Only: \$1,484	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	Facility Only: \$1,582	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	

CPT™ CODE ¹	PROCEDURE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT ⁴
ROBOTIC				
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	HCPCS II S-Codes cannot be reported to Medicare. They are used only by non-Medicare payers, which coverage and price them according to their own requirements.		
SPIGELIAN HERNIA				
49590	Repair spigelian hernia	Facility Only: \$594	\$1,406	\$3,183
TRAM FLAP				
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	Facility Only: \$1,816	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	Facility Only: \$2,232	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	Facility Only: \$2,073	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare	
UMBILICAL HERNIA				
49580	Repair umbilical hernia, younger than age 5 years; reducible	Facility Only: \$349	\$1,406	\$3,183
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	Facility Only: \$501	\$1,406	\$3,183
49585	Repair umbilical hernia, age 5 years or older; reducible	Facility Only: \$462	\$1,406	\$3,183
49587	Repair umbilical hernia, age 5 years or older; incarcerated or reducible	Facility Only: \$493	\$1,406	\$3,183
UNLISTED HERNIA				
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Carrier Priced	Not reimbursed in ASC by Medicare	\$5,060

HCPCS Supply Codes

Providers may choose to report a HCPCS level II code to describe the device or supply used for the repair.

HCPCS CODE	DESCRIPTION
C1726	Catheter, balloon dilatation, non-vascular
C1781	Mesh (implantable)
C9364	Porcine implant, permacol, per square centimeter

¹Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

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³Centers for Medicare & Medicaid Services. Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Final Rule, Federal Register (85 Fed. Reg. No. 248 84472- 85377) 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425. <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>

⁴Centers for Medicare & Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report COVID-19 Therapeutic Inventory and Usage and to Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19); Final Rule, Federal Register (85 Fed. Reg. No.249 85866-86305) 42 CFR Parts 410, 411, 412, 414, 419, 482, 485 and 512. Addendum B, AA, BB. <https://www.govinfo.gov/content/pkg/FR-2020-12-29/pdf/2020-26819.pdf> Use 49568 in conjunction with 11044-11006, 49560-49566

⁵Use 49568 in conjunction with 11044-11006, 49560-49566.

HOSPITAL INPATIENT PROCEDURE CODING

Abdominal Wall Repair

In general, abdominal wall repair uses the same coding principles and the same code values as hernia repair. An abdominal wall repair is differentiated from a hernia repair by the ICD-10-CM diagnosis codes, not necessarily by the ICD-10-PCS procedure codes. Abdominal wall repair is not coded separately when an associated procedure is performed on an internal organ because procedural steps necessary to close an operative site are considered integral.¹

SECTION 0 Medical and Surgical			
BODY SYSTEM W Anatomical Regions, General			
OPERATION Q Repair, Restoring, to the extent possible, a body part to its normal anatomic structure and function			
BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head 2 Face 4 Upper Jaw 5 Lower Jaw 8 Chest Wall K Upper Back L Lower Back M Perineum, Male N Perineum, Female	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	Z No Device	Z No Qualifier
6 Neck F Abdominal Wall	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
6 Neck F Abdominal Wall	X External	Z No Device	2 Stoma Z No Qualifier
C Mediastinum	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier

Examples

Laparoscopic repair of umbilical hernia without mesh

- 0WQF4ZZ - Repair abdominal wall, percutaneous endoscopic approach

Open suture repair of ileostomy parastomal hernia

- 0WQF0ZZ - Repair abdominal wall, open approach

SECTION 0 Medical and Surgical			
BODY SYSTEM W Anatomical Regions, General			
OPERATION U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head 2 Face 4 Upper Jaw 5 Lower Jaw 6 Neck 8 Chest Wall C Mediastinum F Abdominal Wall K Upper Back L Lower Back M Perineum, Male N Perineum, Female	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Examples

Laparoscopic repair of incisional hernia with Permacol™ Surgical Implant

- 0WUF4KZ - Supplement abdominal wall with nonautologous tissue substitute, percutaneous endoscopic approach

Laparoscopic repair of incisional hernia with polyester mesh

- 0WUF4JZ - Supplement abdominal wall with synthetic substitute, percutaneous endoscopic approach

Open closure of penetrating stab wound of the abdomen with synthetic mesh

- 0WUF0JZ - Supplement abdominal wall with synthetic substitute, open approach

SECTION 0 Medical and Surgical			
BODY SYSTEM Y Anatomical Regions, Lower Extremities			
OPERATION U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
BODY PART	APPROACH	DEVICE	QUALIFIER
0 Buttock, Right 1 Buttock, Left 5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left 9 Lower Extremity, Right A Inguinal Region, Bilateral B Lower Extremity, Left C Upper Leg, Right D Upper Leg, Left E Femoral Region, Bilateral F Knee Region, Right G Knee Region, Left H Lower Leg, Right J Lower Leg, Left	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Examples

Laparoscopic repair of left inguinal hernia with Permacol™ Surgical Implant

- 0YU64KZ - Supplement left inguinal region with nonautologous tissue substitute, percutaneous endoscopic approach

Open repair of bilateral femoral hernias with synthetic mesh

- 0YUE0JZ - Supplement bilateral femoral region with synthetic substitute, open approach

SECTION 0 Medical and Surgical			
BODY SYSTEM B Respiratory System			
OPERATION U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
BODY PART	APPROACH	DEVICE	QUALIFIER
1 Trachea 2 Carina 3 Main Bronchus, Right 4 Upper Lobe Bronchus, Right 5 Middle Lobe Bronchus, Right 6 Lower Lobe Bronchus, Right 7 Main Bronchus, Left 8 Upper Lobe Bronchus, Left 9 Lingula Bronchus B Lower Lobe Bronchus, Left R Diaphragm, Right S Diaphragm, Left	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Example

Repair of right diaphragmatic hernia with Permacol™ Surgical Implant, laparoscopic approach

- 0BUR4KZ - Supplement right diaphragm with nonautologous tissue substitute, percutaneous endoscopic approach

Component Separation

The component separation allows primary closure of large abdominal defects by separating and releasing the fascial and muscle layers in the abdominal wall. When performed with hernia repair, it is coded separately.

SECTION 0 Medical and Surgical			
BODY SYSTEM K Muscles			
OPERATION N Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force			
BODY PART	APPROACH	DEVICE	QUALIFIER
0 Head Muscle 1 Facial Muscle 2 Neck Muscle, Right 3 Neck Muscle, Left 4 Tongue, Palate, Pharynx Muscle 5 Shoulder Muscle, Right 6 Shoulder Muscle, Left 7 Upper Arm Muscle, Right 8 Upper Arm Muscle, Left 9 Lower Arm and Wrist Muscle, Right B Lower Arm and Wrist Muscle, Left C Hand Muscle, Right D Hand Muscle, Left F Trunk Muscle, Right G Trunk Muscle, Left H Thorax Muscle, Right J Thorax Muscle, Left K Abdomen Muscle, Right L Abdomen Muscle, Left M Perineum Muscle	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	Z No Device	Z No Qualifier

Examples

Laparoscopic repair of incisional hernia with laparoscopic component separation and placement of synthetic mesh

- 0KNK4ZZ - Release right abdomen muscle, percutaneous endoscopic approach
- 0KNL4ZZ - Release left abdomen muscle, percutaneous endoscopic approach

Open repair of incisional hernia with component separation and placement of synthetic mesh

- 0KNK0ZZ - Release right abdomen muscle, open approach
- 0KNL0ZZ - Release left abdomen muscle, open approach

The component separation is constructed from the OKN code table above. 0WUF0JZ describes the hernia repair and placement of synthetic mesh. See code table 0WU under Abdominal Wall Repair for construction of this code.

Adhesiolysis

Omental, intestinal, and other abdominal adhesions may be found and lysed during hernia repair, particularly for incarcerated hernias. Lysis is typically not coded separately because it is considered an integral procedural step necessary to reach the operative site. As an exception, lysis of adhesions can be coded separately when the surgeon clearly documents its clinical significance in the operative repair, for example, if the adhesions are extensive and require tedious lysis.

SECTION 0 Medical and Surgical			
BODY SYSTEM D Gastrointestinal System			
OPERATION N Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force			
BODY PART	APPROACH	DEVICE	QUALIFIER
1 Esophagus, Upper 2 Esophagus, Middle 3 Esophagus, Lower 4 Esophagogastric Junction 5 Esophagus 6 Stomach 7 Stomach, Pylorus 8 Small Intestine 9 Duodenum A Jejunum B Ileum C Ileocecal E Large Intestine F Large Intestine, Right G Large Intestine, Left H Cecum J Appendix K Ascending Colon L Transverse Colon M Descending Colon N Sigmoid Colon P Rectum	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening via Endoscopic	Z No Device	Z No Qualifier

Example

Laparoscopic ventral hernia repair with synthetic mesh and tedious lysis of extensive small bowel adhesions

- 0DN84ZZ - Release small intestine, percutaneous endoscopic approach

The release of small intestine code is constructed from the ODN code table above. 0WUF4JZ describes the hernia repair and placement of synthetic mesh. See code table 0WU under Abdominal Wall Repair for construction of this code.

TRAM Flap

A transverse rectus abdominis myocutaneous (TRAM) flap is used to reconstruct the breast, typically after mastectomy for cancer or other disorders. A section of skin, fascia and muscle are harvested from the lower abdomen and, while still maintaining an attachment to the lower abdomen for blood supply, advanced into place over the breast area to create a new breast mound. For reinforcement, mesh is often separately placed at the defect in the lower abdominal wall where the muscle was harvested.

SECTION			
0 Medical and Surgical			
BODY SYSTEM			
K Muscles			
OPERATION			
X Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part			
BODY PART	APPROACH	DEVICE	QUALIFIER
K Abdomen Muscle, Right L Abdomen Muscle, Left	0 Open 4 Percutaneous Endoscopic	K Nonautologous Tissue Substitute Z No Device	0 Skin 1 Subcutaneous Tissue 2 Skin and Subcutaneous Tissue 6 Transverse Rectus Abdominis Myocutaneous Flap Z No Qualifier

Example

TRAM flap of left breast with repair of abdominal wall defect using Permacol™ Surgical Implant via open approach

- 0KXLOZ6 - Transfer left abdomen muscle, transverse rectus abdominis myocutaneous flap, open approach

The TRAM Flap code is constructed from the OKX code table above. 0WUF0KZ describes the hernia repair and placement of Permacol™ Surgical Implant. See code table 0WU under Abdominal Wall Repair for construction of this code.

HOSPITAL INPATIENT DRGS FOR HERNIA REPAIR AND ABDOMINAL WALL REPAIR

Under Medicare’s MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Implanted devices and supplies are typically included in the flat payment and are not paid separately. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS- DRGs shown are those typically assigned when the patient is admitted specifically for the procedure.

MS-DRG ³	MS-DRG Title ³	Medicare National Average ³
Repair of Diaphragmatic Hernia (Hiatal Hernia, Paraesophageal Hernia)		
326	Stomach, Esophageal and Duodenal Procedures W MCC	\$34,284
327	Stomach, Esophageal and Duodenal Procedures W CC	\$16,637
328	Stomach, Esophageal and Duodenal Procedures W/O CC/MCC	\$10,618
Adhesiolysis -When lysis of adhesions is coded separately with hernia repair, the code for adhesiolysis takes precedence over the code for hernia repair in DRG assignment logic. The Adhesiolysis DRGs 335-337 are assigned instead of Hernia DRGs 350-355.		
335	Peritoneal Adhesiolysis W MCC	\$24,802
336	Peritoneal Adhesiolysis W CC	\$14,554
337	Peritoneal Adhesiolysis W/O CC/MCC	\$10,408
Hernia Repair - Inguinal, Femoral		
350	Inguinal and Femoral Hernia Procedures W MCC	\$15,634
351	Inguinal and Femoral Hernia Procedures W CC	\$9,501
352	Inguinal and Femoral Hernia Procedures W/O CC/MCC	\$7,032
Hernia Repair - Other (Epigastric, Incisional/Ventral, Lumbar, Parastomal, Spigelian, Umbilical)		
353	Hernia Procedures Except Inguinal and Femoral W MCC	\$19,178
354	Hernia Procedures Except Inguinal and Femoral W CC	\$11,367
355	Hernia Procedures Except Inguinal and Femoral W/O CC/MCC	\$8,665
TRAM Flap -When placement of mesh at the abdominal wall defect is coded separately with TRAM flap, the code for TRAM flap takes precedence in DRG assignment logic and breast DRGs 582-585 are assigned depending on the diagnosis.		
582	Mastectomy for Malignancy W CC/MCC	\$10,465
583	Mastectomy for Malignancy W/O CC/MCC	\$9,828
584	Breast Biopsy, Local Excision and Other Breast Procedures W CC/MCC	\$11,668
585	Breast Biopsy, Local Excision and Other Breast Procedures W/O CC/MCC	\$11,107
Abdominal Wall Repair for Trauma -The DRGs shown are assigned when repair of the abdominal wall injury is the most significant procedure. If other more significant procedures for injury are also performed, e.g. repair of hip fracture, those procedures will typically take precedence in DRG assignment logic.		
907	Other O.R. Procedures for Injuries W MCC	\$25,227
908	Other O.R. Procedures for Injuries W CC	\$13,008
909	Other O.R. Procedures for Injuries W/O CC/MCC	\$8,763
957	Other O.R. Procedures for Multiple Significant Trauma W MCC	\$47,309
958	Other O.R. Procedures for Multiple Significant Trauma W CC	\$26,810
959	Other O.R. Procedures for Multiple Significant Trauma W/O CC/ MCC	\$17,431

³Centers for Medicare & Medicaid Services. 2020 ICD-10 PCS Code Tables and Index. <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS>
Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Final Rule, Federal Register (85 Fed Reg. No. 182 58432 – 59107) 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495. <https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

For more information, contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or via email at: Rs.MedtronicMITGReimbursement@medtronic.com

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