

**NEW for
2023!**

CPT Coding Resources for Surgeons: *Anterior Abdominal Hernia Repair*

facs.org/advocacy/practice-management



Wednesday, November 9, 2022 | 8:00 pm ET



Webinar Presenters



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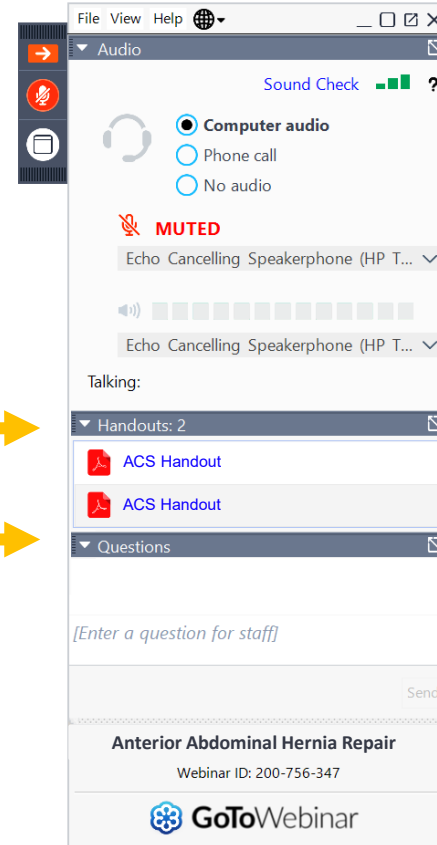


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Rationale for Coding Changes

- AMA/RVS Update Committee (RUC) **potentially misvalued site-of-service screen**
- Medicare **“23-hour outpatient policy”**

Clinical Considerations for Coding Changes

- **Mesh implantation**
- **Mesh removal**
- **Hybrid** procedures
- **Size, number, and type** of hernia defect(s)
- **Global period**

2023 Coding Changes and Guidance

Coding Changes:

- Codes **deleted**
- Codes **added**

Coding Guidance:

- **Measuring** hernia defect(s)
- Reporting **postoperative work**
- **Clinical examples**

Q&A

Reminder—Use the “Questions” function in the GoToWebinar control panel to submit your question

AMA/RUC Potentially Misvalued Site-of-Service Screen

The AMA/RUC uses objective screens to identify codes that may be **“potentially misvalued”**

- One of the earliest screens was for codes with a **“site-of-service”** anomaly—global codes that include inpatient E/M codes in the database even though the claims show the codes have > 50% outpatient status

Seven hernia repair codes were identified via this screen (3 open and 4 laparoscopic)

- The codes were surveyed for physician work—**thank you to those who completed a “RUC survey”!**
- The “typical” patient for this set of codes was an **overnight stay with discharge the next day**

The RUC recommendations sent to CMS included an inpatient visit later on the same day of surgery (e.g., CPT code 99231) and a full discharge management code (CPT code 99238) on the next day

- The RUC recommended to **maintain the work RVUs**
- **CMS disagreed and implemented a “23-hour outpatient policy” to reduce the values**

Medicare “23-Hour Outpatient Policy”

CMS finalized a policy for CY 2011 to strip out work RVUs for inpatient services for 23-hour stays:

No “inpatient” codes allowed in the value of a global code if more than 50% of claims have “outpatient” status

Policy: The following 3 steps should be used to calculate a reduced work RVU for such codes—

- **Step 1:** Change the discharge visit code from 1.0 to 0.5 (e.g., 0.5 x CPT code 99238) and subtract one-half of the work RVU for that code
- **Step 2:** Remove all inpatient visit codes (e.g., CPT codes 99231-99233) and subtract the work RVU for those codes
- **Step 3:** Sum the “intra” face-to-face time for the deleted inpatient codes and multiple by 0.0224 to calculate a work RVU to add back in for those services

Example of 23-Hour Policy Adjustment

ACS Recommendation for CPT Code 60500 (Parathyroidectomy)

| CPT Code | Work RVU | TOTAL TIME | PRE TIME | INTRA TIME | POST TIME | Same Day 99231 | Next Day 99238 | 99213 | 99212 |
|----------|----------|------------|----------|------------|-----------|----------------|----------------|-------|-------|
| 60500 | 16.78 | 342 | 72 | 120 | 30 | 1 | 1 | 2 | 1 |

CMS Final Determination for CPT Code 60500 (Parathyroidectomy)

| CPT Code | Work RVU | TOTAL TIME | PRE TIME | INTRA TIME | POST TIME | Same Day 99231 | Next Day 99238 | 99213 | 99212 |
|----------|----------|------------|----------|------------|-----------|----------------|----------------|-------|-------|
| 60500 | 15.60 | 313 | 72 | 120 | 40 | 0 | 0.5 | 2 | 1 |

- Subtracted 0.64 wRVUs (one-half of 99238)
- Subtracted 0.76 wRVUs (1 x 99231)
- Added 0.22 wRVUs (10 min intra of 99231 x 0.0224)

Medicare “23-Hour Outpatient Policy”

The ACS argued that this policy was **not fair** for several reasons:

- The code was valued based on the “typical patient”—but the typical patient was easiest, straightforward case
- If 70% of cases were overnight stays, that meant that 30% were inpatient stays
- The 23-hour policy downgraded payment for 70% of outpatient cases and NEVER paid extra for 30% inpatient cases

The ACS and other stakeholder societies decided something had to be done to get paid fairly for all work.

Size, Number, and Type of Hernia

| Prior to 2023 | Effective in 2023 | Coding Change Action |
|--|---|--|
| <ul style="list-style-type: none">Coding did not differentiate small versus large hernia repair | <ul style="list-style-type: none">Size of hernias matters | <ul style="list-style-type: none">Create codes that combine any type of anterior abdominal hernia, but differentiate work based on size of all hernias repairedCreate code for parastomal hernia repair |
| <ul style="list-style-type: none">Coding did not allow differential reporting for “Swiss cheese” defects | <ul style="list-style-type: none">Number of hernias matters | |
| <ul style="list-style-type: none">Coding for incisional and ventral hernia repair was not consistent | <ul style="list-style-type: none">Type of abdominal hernia (e.g., ventral, incisional, spigelian) matters less than size and number | |
| <ul style="list-style-type: none">Coding for parastomal hernia repair was confusing | <ul style="list-style-type: none">Parastomal hernia repair can include mesh | |

Hybrid Procedures

| Prior to 2023 | Effective in 2023 | Coding Change Action |
|---|--|---|
| <ul style="list-style-type: none">Separate codes for open and laparoscopic approachNo codes for robotic approach | <ul style="list-style-type: none">Codes can be any combination of open, laparoscopic, and/or robotic | <ul style="list-style-type: none">Create codes that are approach-agnostic and allow the value for the new code to represent the typical patient |

Mesh Implantation

| Prior to 2023 | Effective in 2023 | Coding Change Action |
|--|---|---|
| <ul style="list-style-type: none">Only laparoscopic codes include mesh as inherent | <ul style="list-style-type: none">Implantation of mesh as now typical for both open and laparoscopic hernia repairs | <ul style="list-style-type: none">Revise codes to include mesh implantation, when performed |
| <ul style="list-style-type: none">Add-on code 46958 (mesh implant) could only be reported with incisional/ventral hernia codes | | |

Mesh Removal

| Prior to 2023 | Effective in 2023 | Coding Change Action |
|---|--|---|
| <ul style="list-style-type: none">No code to report work of removing old mesh at the time of hernia reportReporting modifier 22 (increased services) was often rejected for additional payment | <ul style="list-style-type: none">Mesh is typically placed for many hernia repair operations and may need removal at subsequent operations | <ul style="list-style-type: none">Create a new add-on code for total or near total mesh removal to be reported with all abdominal hernia repair codes |

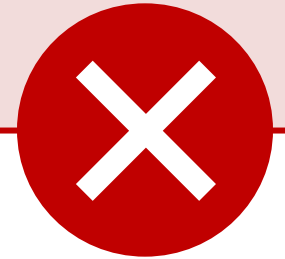
IMPORTANT NOTE

Reporting
umbilical, ventral, incisional, epigastric,
spigelian, and parastomal hernia repair
WILL CHANGE for 2023



IMPORTANT NOTE

Reporting
inguinal, lumbar, femoral hernia repair
WILL NOT CHANGE for 2023



Open Hernia Repair Codes **DELETED** for 2023

- 49560** Repair **initial incisional or ventral hernia**; reducible
- 49561** incarcerated or strangulated
- 49565** Repair **recurrent incisional or ventral hernia**; reducible
- 49566** incarcerated or strangulated
- 49570** Repair **epigastric hernia** (eg, preperitoneal fat); reducible (separate procedure)
- 49572** incarcerated or strangulated
- 49580** Repair **umbilical hernia**, younger than age 5 years; reducible
- 49582** incarcerated or strangulated
- 49585** Repair **umbilical hernia**, age 5 years or older; reducible
- 49587** incarcerated or strangulated
- 49590** Repair **spigelian** hernia
- +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)

Laparoscopic Hernia Repair Codes **DELETED** for 2023

- 49652** Laparoscopy, surgical, repair, **ventral, umbilical, spigelian or epigastric hernia** (includes mesh insertion, when performed); reducible
- 49653** incarcerated or strangulated
- 49654** Laparoscopy, surgical, repair, **incisional hernia** (includes mesh insertion, when performed); reducible
- 49655** incarcerated or strangulated
- 49656** Laparoscopy, surgical, repair, **recurrent incisional hernia** (includes mesh insertion, when performed); reducible
- 49657** incarcerated or strangulated

NEW Codes for 2023

| CPT | DESCRIPTOR | Global |
|-------|---|--------|
| 49591 | Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including placement of mesh or other prosthesis, when performed, total length of defect(s); less than 3 cm, reducible | 000 |
| 49592 | less than 3 cm, incarcerated or strangulated | 000 |
| 49593 | 3 cm to 10 cm, reducible | 000 |
| 49594 | 3 cm to 10 cm, incarcerated or strangulated | 000 |
| 49595 | greater than 10 cm, reducible | 000 |
| 49596 | greater than 10 cm, incarcerated or strangulated | 000 |
| 49613 | Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including placement of mesh or other prosthesis, when performed, total length of defect(s); less than 3 cm, reducible | 000 |
| 49614 | less than 3 cm, incarcerated or strangulated | 000 |
| 49615 | 3 cm to 10 cm, reducible | 000 |
| 49616 | 3 cm to 10 cm, incarcerated or strangulated | 000 |
| 49617 | greater than 10 cm, reducible | 000 |
| 49618 | greater than 10 cm, incarcerated or strangulated | 000 |

NEW Codes for 2023

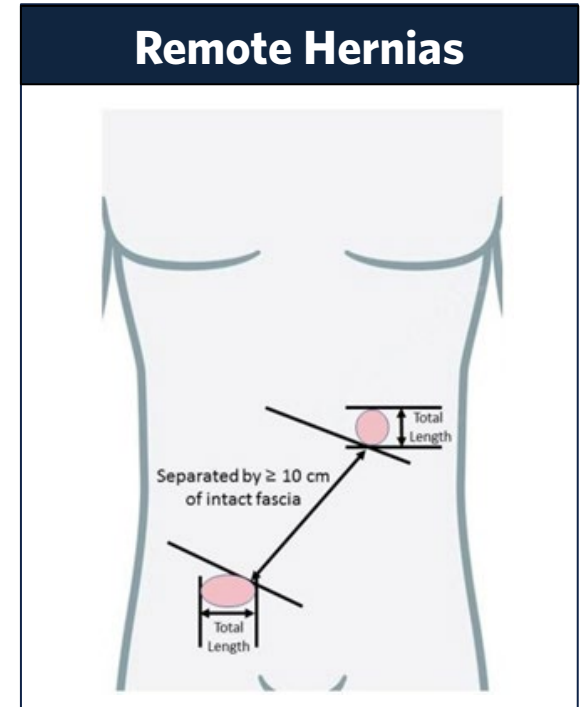
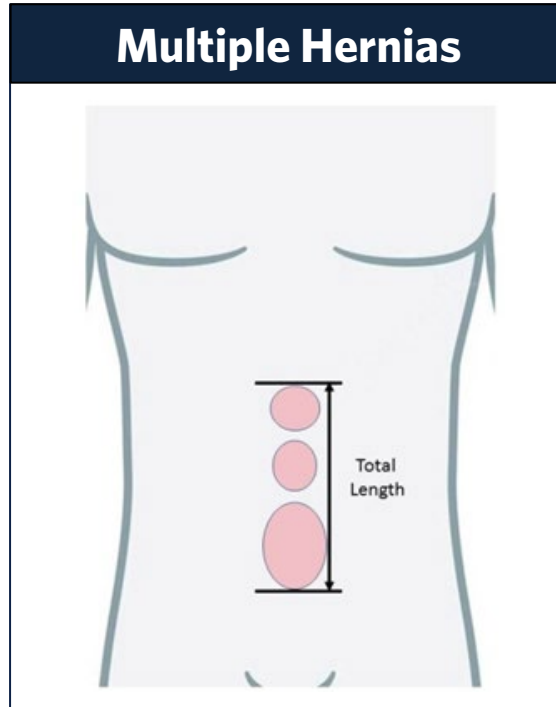
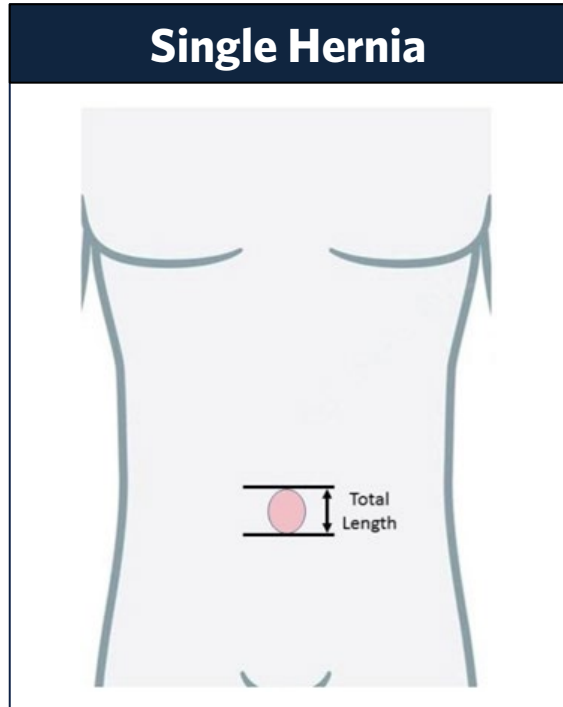
| CPT | DESCRIPTOR | Global |
|--------|---|--------|
| 49621 | Repair of parastomal hernia , any approach (ie, open, laparoscopic, robotic), initial or recurrent, including placement of mesh or other prosthesis, when performed; reducible | 000 |
| 49622 | incarcerated or strangulated | 000 |
| +49623 | Removal of total or near-total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure) (Use 49623 in conjunction with 49591-49622) | ZZZ |
| 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma | 000 |
| +15853 | Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code) | ZZZ |
| +15854 | Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code) | ZZZ |

Measuring Hernia Defects

CPT codes 49591-49596 (initial) and 49613-49618 (recurrent):

- Reported **only once based on the total defect size** for one or more anterior abdominal hernia(s)
- Measured as the **maximal craniocaudal or transverse distance** between the outer margins of all defects repaired
- The **total length of the defect(s) corresponds to the maximum width or height** of an oval drawn to encircle the outer perimeter of all repaired defects
- If the defects are not contiguous and are separated by greater than or equal to 10 cm of intact fascia, total defect size is **the sum of each defect measured individually**

Measuring Hernia Defects



Reporting Other Work

What if BOTH reducible AND incarcerated/strangulated hernias are repaired?

All hernias are reported as if they were all incarcerated/strangulated.

What if I repair an inguinal, femoral, or lumbar AND an anterior abdominal hernia at the same operative session?

Both procedures may be reported when performed at the same operative session by appending modifier 59.

BUT: remember that the non-anterior abdominal repair codes still have a 90-day global that will apply to all work.

What if I don't indicate the size of the hernia defects in my op report?

Then coders will default to reporting the smallest size hernia repair.

It is **IMPORTANT** to document total hernia size in your op report. Hernias should be measured before opening the defect.

Other Coding Instructions

Mesh Removal

If you remove all or almost all of previously placed mesh, report add-on code:

+49623 *Removal of total or near-total **non-infected mesh** or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (Use 49623 in conjunction with 49591-49622)*

Facility E/M Work

IMPORTANT: Report all appropriate E/M visits starting the day after surgery.

If the patient is admitted for several days, **report 99231-99233 daily** as appropriate.

If the patient is discharged the next day, or for discharge on a day after an inpatient stay, **report 99238/99239**.

Note: If a 90-day code was also reported, then you cannot separately report E/M codes in the global period.

Office E/M Work

IMPORTANT: Report all appropriate E/M visits starting the day after discharge.

Report all in-person **office E/M visits**, when performed: 99212-99215

Report all appropriate **telehealth E/M services**, for example:

Telephone services 99441-99443

Online digital services 99421-99423

Virtual check-in G2010-G2012

Note: If a 90-day code was also reported, then you cannot separately report E/M codes in the global period.

IMPORTANT NOTE

**REPORT ALL POSTOPERATIVE WORK
if no 10-day or 90-day code is reported**

Examples of Other Codes That May Be Reported

Suture/Staple Removal

When sutures and/or staples are removed during an office visit, report add-on code:

+15853 Removal of sutures **or** staples not requiring anesthesia

+15854 Removal of sutures **and** staples not requiring anesthesia

These codes can be reported as appropriate on separate dates. For example, once for suture removal for drain on post-op day 3 and again for wound suture removal on day 10.

Debridement

For debridement of wound dehiscence at inpatient or outpatient postop visit, report procedure code as appropriate.

For example:

11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

NOTE: Also report appropriate E/M service with modifier 25 appended.

Seroma

For aspiration or I&D of a seroma at inpatient or outpatient postop visit, report procedure code as appropriate.

For example:

10140 Incision and drainage of hematoma, seroma or fluid

10160 Puncture aspiration of abscess, hematoma, bulla, or cyst collection

NOTE: Also report appropriate E/M service with modifier 25 appended.

IMPORTANT NOTE

**REPORT ALL POSTOPERATIVE WORK
if no 10-day or 90-day code is reported**

Patient: A 55-year-old male presents with a painful mass through the umbilicus that disappears in supine position. He undergoes open hernia repair of a defect that is less than 3 cm with placement of mesh and is discharged the same day.

Suggested
Reporting

On the day of surgery, report:

49591 (*Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), **initial**, including placement of mesh or other prosthesis, when performed, total length of defect(s); **less than 3 cm, reducible***)

On the days after surgery, report:

Outpatient E/M services (e.g., office visits) and suture/staple removal add-on code, when performed

***Note:** This is suggested reporting only and should not be construed as official coding/billing rules.

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Clinical Scenario 2

2023 Coding for Anterior
Abdominal Hernia Repair

Patient: A 60-year-old obese male with a **prior laparotomy** has developed an **incisional hernia** in the midline incision. Over the past few months, the defect has become chronically protuberant. He reports increasing pain and discomfort. Physical examination revealed a hernia that is tender and **nonreducible** by manual manipulation. He undergoes **laparoscopic** hernia repair of a **defect that is 6 cm** with placement of mesh and is **discharged the next day**.

Suggested
Reporting

On the day of surgery, report:

49594 *Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), **initial**, including placement of mesh or other prosthesis, when performed, total length of defect(s); **3 cm to 10 cm, incarcerated or strangulated***

On Postop Day 1, report:

Discharge management code 99238 or 99239

On the days after discharge, report:

Outpatient E/M services (eg, office visits) and suture/staple removal add-on code, when performed

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Clinical Scenario 3

2023 Coding for Anterior
Abdominal Hernia Repair

Patient: A 60-year-old obese male presents with “Swiss cheese” reducible and irreducible masses in the midline of the abdomen. He has a history of a previous laparotomy with incisional hernias from that operation that were repaired 10 years ago with **mesh that has failed**. He undergoes **open mesh removal** and hernia repair of the multiple **defects that total 22 cm**. Closure requires bilateral **component separation**.

Suggested
Reporting

On the day of surgery, report:

15734-RT *Muscle, myocutaneous, or fasciocutaneous flap; trunk* [90-day global]

15734-59-LT *Muscle, myocutaneous, or fasciocutaneous flap; trunk* [90-day global]

49618-51 *Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), **recurrent**, including placement of mesh or other prosthesis, when performed, total length of defect(s); **greater than 10 cm, incarcerated or strangulated*** [0-day global]

+49623 *Removal of total or near-total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic)*

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Clinical Scenario 4

Patient: A 60-year-old obese male presents with **“Swiss cheese” reducible and irreducible masses** in the midline of the abdomen. He has a history of a previous laparotomy with incisional hernias from that operation that were repaired 10 years ago. He undergoes **robotic** hernia repair of the multiple **defects that total 22 cm**. Closure requires the **component separation** procedure.

Suggested
Reporting

On the day of surgery, report:

49618 *Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), **recurrent**, including placement of mesh or other prosthesis, when performed, total length of defect(s); **greater than 10 cm, incarcerated or strangulated***

49659 *Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy*

All unlisted codes in the Surgery section of CPT (10000-69999) are considered 90-day global codes.

Note: Code 15734 is an open procedure. No modifier is reported with an unlisted code.

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IMPORTANT NOTE

If a 90-day global code was also reported (for example, 15374, Component separation), then you **may not separately report** E/M codes or other procedures in the global period.

Clinical Scenario 5

2023 Coding for Anterior
Abdominal Hernia Repair

Patient: A 70-year-old male has gained significant weight over the past 3 years after retiring. He presents with a right lower quadrant **4 cm irreducible hernia** from a previous ostomy many years ago that has recently become painful. He also has a **3 cm reducible hernia** in the left upper quadrant from a prior laparoscopic procedure. Both hernias which are **more than 10 cm apart** are repaired with mesh. He is discharged the next day.

Suggested
Reporting

On the day of surgery, report:

49594 *Repair of anterior abdominal hernia(s) (ie, epigastric incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), **initial**, including placement of mesh or other prosthesis, when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated*

On Postop Day 1, report:

Discharge management code 99238 or 99239

On the days after discharge, report:

Outpatient E/M services (eg, office visits) and suture/staple removal add-on code, when performed

Remember: if the hernias are both reducible and incarcerated/strangulated, report as incarcerated/strangulated.

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Clinical Scenario 6

2023 Coding for Anterior
Abdominal Hernia Repair

Patient: A 70-year-old male with history abdominoperineal resection and end colostomy presents with a worsening **reducible** bulge around his stoma when coughing. He has pain and discomfort around the stoma, and difficulty keeping the stoma appliance in place due to leakage. CT scan revealed small bowel in the hernia sac. He undergoes **parastomal hernia** repair with **placement of mesh**. He is discharged on postop day 4.

On the day of surgery, report:

49621 Repair of **parastomal hernia**, any approach (ie open, laparoscopic, robotic), initial or recurrent, including placement of mesh or other prosthesis, when performed; **reducible**

Suggested
Reporting

On Postop Days 1-3, report:

Established patient subsequent hospital visit E/M code 99231-99233 as appropriate

On Postop Day 4, report:

Discharge management code 99238 or 99239

On the days after discharge, report:

Outpatient E/M services (eg, office visits) and suture/staple removal add-on code, when performed

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Clinical Scenario 7

Patient: A 60-year-old male had an anterior abdominal hernia repair of a defect that was 5 cm. On postop day 7, he comes to the office for his first postop evaluation and the surgeon's clinical staff removes the sutures.

Suggested
Reporting

On the day of suture removal, report:

Office E/M services (99212-99215) *as appropriate*

-AND-

+15853 Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)

Note: Do NOT add a modifier to the E/M code.

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Audience Q&A

Please submit your questions via the “Questions” function in the GoToWebinar control panel

If you have additional questions or feedback, contact Lauren Foe, Senior Associate for Regulatory Affairs in the ACS Division of Advocacy and Health Policy, at LFoe@facs.org

Thank you for attending tonight's webinar!

- A recording of this webinar and PDF of this slide deck will be available on the ACS website in the coming days. Keep an eye out for an email from Lauren Foe at lfoe@facs.org with the link!
- For more ACS coding and billing resources, visit: facs.org/advocacy/practice-management/coding-and-billing
- Consider attending an ACS General Surgery Coding Workshop. Find out more at: karenzupko.com/general-surgery/

TIP

Have coding and billing questions?



CONTACT THE ACS
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