

2016 Hernia Reimbursement Fact Sheet

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Finding the appropriate ICD-10-PCS Code¹

STEP 1: Using the table below, select the appropriate codes from each column in the respective order.

Procedure Code	Body Part	Approach	Device	Qualifier
ØYU: Lower Anatomical Region Supplement	5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Femoral Region, Bilateral	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
ØYQ: Lower Anatomical Region Repair	5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Femoral Region, Bilateral	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
ØWU: General Anatomical Region Supplement	F Abdominal Wall	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
ØWQ: General Anatomical Region Repair	F Abdominal Wall	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
ØBQ: Respiratory System Repair	R Diaphragm, Right S Diaphragm, Left	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
ØBU: Respiratory System Supplement	R Diaphragm, Right S Diaphragm, Left	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

STEP 2: Combine the code in the respective order from left to right. This is your ICD-10-PCS Code.

For example, the code for **Repair Right Diaphragm, Open Approach (ØBQRØZZ)** would be created in the steps below:

Example: STEP 1: Procedure Code ØBQ + Body Part R + Approach Ø + Device Z + Qualifier Z = **STEP 2: ØBQRØZZ**

Surgeon CPT, APC & DRG Codes

SURGEON CPT CODE ²	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ³
Traditional Open Repair		
39501	Repair, laceration of diaphragm, any approach	\$881
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	6,412
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	900
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	982
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	1,209

Surgeon CPT, APC & DRG Codes (continued)

SURGEON CPT CODE ²	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ³
Traditional Open Repair		
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,319
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	1,312
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	1,408
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	1,578
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	1,702
49491	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; reducible	761
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	996
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	396
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	639
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	373
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	605
49505	Repair initial inguinal hernia, age 5 years or older; reducible	540
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	608
49520	Repair recurrent inguinal hernia, any age; reducible	656
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	743
49525	Repair inguinal hernia, sliding, any age	595
49540	Repair lumbar hernia	697
49550	Repair initial femoral hernia, any age; reducible	597
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	655
49555	Repair recurrent femoral hernia; reducible	621
49557	Repair recurrent femoral hernia; incarcerated or strangulated	752
49560	Repair initial incisional or ventral hernia; reducible	765
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	966
49565	Repair recurrent incisional or ventral hernia; reducible	797
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	975
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)	278
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	432
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	536
49580	Repair umbilical hernia, younger than age 5 years; reducible	345
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	502
49585	Repair umbilical hernia, age 5 years or older; reducible	461
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	493
49590	Repair spigelian hernia	594
49600	Repair of small omphalocele, with primary closure	729
49650	Laparoscopy, surgical; repair initial inguinal hernia	444
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	576
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	772
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	963
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	877

Surgeon CPT, APC & DRG Codes (continued)

SURGEON CPT CODE ²	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ³
Traditional Open Repair		
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$1,071
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	954
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	1,371
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Ø

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC Description	Status Indicator	Medicare Payment ⁴
5341	Peritoneal and Abdominal Procedures (CPT codes: 49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49600)	T	\$2,613
5361	Level 1 Laparoscopy (CPT codes: 49650, 49651, 49652, 49653, 49659)	J1	4,001
5362	Level 2 Laparoscopy (CPT codes: 49654, 49655, 49656, 49657)	J1	6,861
N/A	(CPT Code: 49568)	N	Packaged, not separately reimbursed
N/A	Inpatient Only (CPT codes: 39501, 39503, 39540, 39541, 43332, 43333, 43334, 43335, 43336, 43337, 49605, 49606, 49610, 49611)	C	N/A

NOTE: Status code N - Items and Services Packaged into APC rates; Status code T - Procedure or Service, Multiple Procedure Reduction Applies; Status code J - Comprehensive APC, all covered Part B services on the claim are packaged with the primary "J1" service for the claim; Status code C - Inpatient procedures, not paid under OPSS.

Ambulatory Surgery Center

CPT CODE	MEDICARE PAYMENT ⁵
49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49600	\$1,491
49650, 49651, 49652, 49653	2,011
49654, 49655, 49656, 49657	3,278

INPATIENT FACILITY

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
163	Major Chest Procedures with MCC	12.8	\$29,540
164	Major Chest Procedures with CC	6.4	15,251
165	Major Chest Procedures without CC/MCC	3.8	10,718
326	Stomach, Esophageal, and Duodenal Procedures with MCC	14.2	32,160
327	Stomach, Esophageal, and Duodenal Procedures with CC	7.5	15,592
328	Stomach, Esophageal, and Duodenal Procedures without CC/MCC	3.3	8,950
350	Inguinal and Femoral Hernia Procedures with MCC	7.6	14,755
351	Inguinal and Femoral Hernia Procedures with CC	4.3	8,344
352	Inguinal and Femoral Hernia Procedures without CC/MCC	2.6	5,767
353	Hernia Procedures Except Inguinal and Femoral with MCC	2.2	17,212
354	Hernia Procedures Except Inguinal and Femoral with CC	5.8	9,828
355	Hernia Procedures Except Inguinal and Femoral without CC/MCC	2.4	7,304
907	Other O.R. Procedures for Injuries with MCC	10.8	22,486
908	Other O.R. Procedures for Injuries with MCC	5.7	11,756
909	Other O.R. Procedures for Injuries with MCC	3.3	7,673

NOTE: Average MS-DRG payments are at highest potential, since most hospitals do meet the EHR and quality reporting. Other adjustments are hospital-specific.

1. Hospital ICD-10-PCS Procedural Coding System, American Medical Association. Copyright © 2015 Optum360, LLC. **2.** All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2015 American Medical Association. **3.** Federal Register, Vol. 80, No. 221, Monday, November 16, 2015/Rules and Regulations. 2016 Physician Conversion Factor (CF) = \$35,827.9. **4.** Federal Register, Vol. 80, No. 220, Friday, November 13, 2015/Rules and Regulations; Final Hospital Outpatient Payment. **5.** Federal Register, Vol. 80, No. 220, Friday, November 13, 2015/Rules and Regulations; Final Ambulatory Surgery Center Payment. **6.** Federal Register, Vol. 80, No. 158, Monday, August 17, 2015/ Rules and Regulations; Final National Average DRG Payment.

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