

## Outpatient Facility Coding Alert

### Reader Question: There's No Need for 49659 When Same Mesh Covers Two Hernias

**Question:** I'm coding for a laparoscopic inguinal hernia repair (right side) for a patient covered by Blue Cross. The surgeon repaired the hernia with mesh. He also documented the following: The dissection was carried out, reducing the indirect hernia and separating the round ligament from the iliac vessels. A small femoral hernia was also discovered and reduced. This was containing fatty tissue. A double mesh repair was performed using 2 separate polypropylene mesh patch prostheses. The first mesh was cut with a lateral slit inserted in position covering all the hernia orifices. The second was then placed overtop."

I know I can't append modifier 22 to account for the extra time. But can I also code the femoral hernia repair?

Ohio Subscriber

**Answer:** Begin with the code for the inguinal hernia repair, 49650 (Laparoscopy, surgical; repair initial inguinal hernia). Because the surgeon used the same mesh to cover all orifices (including the newly discovered femoral hernia), no other code is necessary.

You are correct in noting that you can't report modifier 22 (Increased procedural service) for procedures performed in an ASC. You just have to accept that the surgeon spends more time on some hernia repairs and less time on others. The time will balance out in the end, and so will reimbursement.

**Consideration:** If correcting the femoral hernia had required a separate piece of mesh, you could submit a separate code for that repair. CPT® does not include a code for laparoscopic femoral hernia repair, so your only choice would be 49659 (Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy).