

Outpatient Facility Coding Alert

You Be the Coder: Here's When You Can Bill Hernia Repair & Mesh Separately

Question: Some of our surgeons want to be able to bill hernia repairs separately when they perform them with another abdominal procedure. When can they do this?

Answer: According to **Christopher Chandler, MHA, MBA, CPC, CGSC**, who spoke at the American Academy of Professional Coders' 2017 Healthcon, you can report hernia repair in addition to another abdominal procedure when:

- The hernia site is not the same site as the incision for the other abdominal procedure;
- It's medically necessary (not incidental);
- The surgeon has excised a strangulated organ.

Some hernia repairs are incidental, says Chandler, who is a Professional Coding Consultant at Intermountain Healthcare. Often a physician is in one incision site, sees a little hernia, and just repairs it while he's in there, he explains. If the hernia is strangulated and the physician must remove it by, say, a partial enterectomy, that move would be an example of a separately reportable procedure.

Important note about hernia repair mesh: It's included in most open and laparoscopic hernia repairs, Chandler noted. The exceptions are ventral and incisional hernia repairs (49560-49566). For those exceptions, the correct code for mesh is +49568. Sometimes, physicians resist the idea that they can't bill separately for mesh, so they will try to use +15777, Chandler notes. But +15777 should be used only with other integumentary codes, and National Correct Coding Initiative (NCCI) straight up says so, he adds.