

Fat Albert's Hernia (aka Coding Hernias in 5 easy steps)

Presented by:

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Disclaimer

I am the sum of those that have invested in me over the years. If anything sounds like something you've heard somewhere else, it might be. I give credit to those that have influenced me, even if I don't know who it was or when!

Caution!

This presentation contains some graphic images. If you are easily grossed out, you may want to prepare yourself.

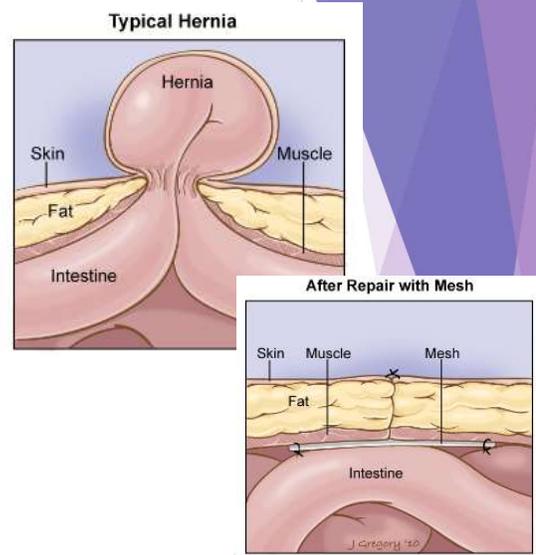
► Overview:

- Define Hernia and identify the scope
- Review the steps for CPT selection
- Take a closer look
- ICD-10 Codes
- Resources

What is a hernia?

► Merriam-webster.com

:a protrusion of an organ or part (as the intestine) through connective tissue or through a wall of the cavity (as of the abdomen) in which it is normally enclosed - called also rupture



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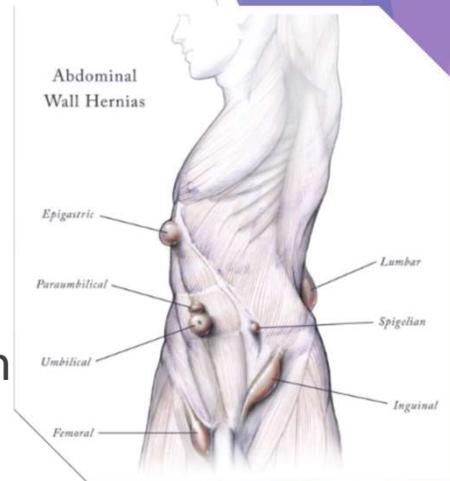
Scope of today's discussion

To narrow the scope of this discussion, we will focus on the abdominal hernias addressed in CPT codes 49491-49659.

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Steps to Selecting the correct CPT code

1. Identify the type of hernia
2. Define the episode of care
3. Verify the clinical presentation
4. Determine the patient age
5. Determine the surgical approach



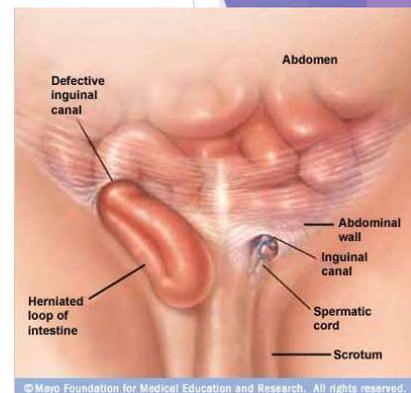
<http://illuminationstudios.com/archives/107/abdominal-wall-hernias>

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Step 1: Identify the Types of Hernia

► Inguinal Hernia (49491-49525, 49650-49651)

- ❖ Very common hernia which occurs when abdominal contents (i.e. intestines) or bladder protrudes through the abdominal wall and through the inguinal canal in the groin.
- ❖ About 96% of all groin hernias are inguinal, usually occurring in men.
- ❖ These are commonly referred to as 'groin' hernias as they appear just above the leg crease, close to the pubic area.
- ❖ CPT code selection does not differentiate between direct (superficial inguinal ring) and indirect (deep inguinal ring) inguinal hernias.
- ❖ It's important to note that CPT codes 49491-49496 do not qualify for the use of modifier 63 since these codes already describe pediatric age in the description.



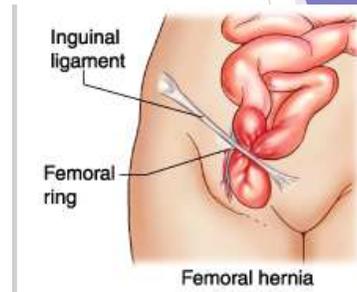
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Step 1: Identify the Types of Hernia

► Femoral Hernia (49550-49557)

- ❖ Femoral hernias occur when the intestines enter the canal carrying the femoral artery into the upper thigh.
- ❖ Most common in women, especially in pregnancy and obesity.
- ❖ Typically visible in the upper part of the thigh near the groin.
- ❖ They are often hard to distinguish from inguinal hernias on examination alone, though they typically occur lower in the groin near the inner thigh.

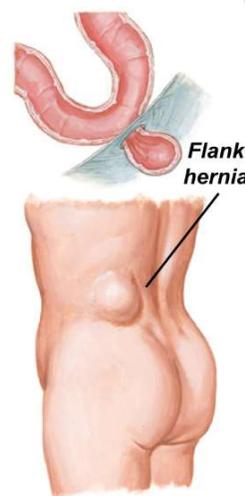


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Step 1: Identify the Types of Hernia

► Lumbar Hernia (49540)

- ❖ Lumbar Hernias are abdominal hernias that occur when the abdominal contents protrude through a defect in the parietal abdominal wall between the last rib and the iliac crest.
- ❖ Rare, typically occurring as a result of congenital defect (20%), trauma (55%) or aging (25%), more often in men.
- ❖ Not to be confused with the lumbar disk hernia.

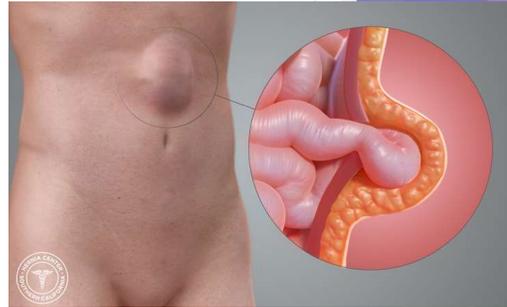


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Step 1: Identify the Types of Hernia

► Ventral Hernia (49560-49568)

- ❖ Ventral simply means 'front' (from Latin, meaning belly). Therefore; a ventral hernia is one that occurs anywhere on the abdominal wall.
- ❖ Ventral hernias commonly occur along the midline of the abdominal wall.
- ❖ Ventral is a generic term and only applies if there is not a more specific hernia type to apply (i.e. umbilical or incisional).



<http://herniaonline.com/types-of-hernias/ventral-hernia>

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Step 1: Identify the Types of Hernia

► Incisional Hernia (49560-49568, 49654-49657)

- ❖ When the hernia occurs at the site of a previous abdominal surgery (incision), it is called an incisional hernia.
- ❖ The wound may have become infected.
- ❖ The stitches may have failed.
- ❖ The repair may have gradually weakened over time.



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Step 1: Identify the Types of Hernia

► Umbilical Hernia (49580-49587)

- ❖ Umbilical hernias occur when part of the small intestine passes through the abdominal wall near the navel.
- ❖ Most often seen in infants, obese women or those who have had many children.
- ❖ This area has a natural weakness from the blood vessels of the umbilical cord, thus presenting a prime location for a hernia.



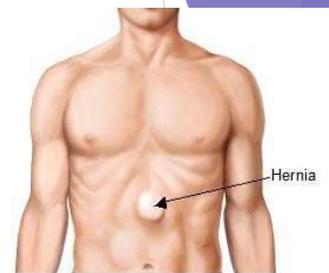
<http://www.southwestaustinsurgical.com/robotic-umbilical-hernia-repair/>

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Step 1: Identify the Types of Hernia

► Epigastric Hernia (49570-49572)

- ❖ These types of hernias are similar to the umbilical hernia, but are situated higher between the breast bone and the belly button (picture the six pack abdominal muscles area).
- ❖ Epigastric hernias are typically made up of fat rather than internal organs.
- ❖ Epigastric hernias are not synonymous with hiatal hernias.

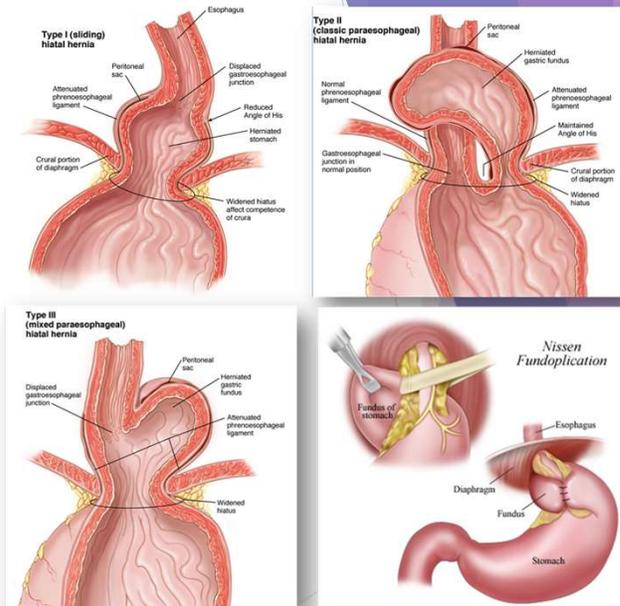


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Bonus discussion

► Hiatal Hernia

- ❖ Hiatal hernias occur when the upper stomach squeezes through the hiatus, an opening in the diaphragm through which the esophagus passes.
- ❖ Repairs for hiatal hernias usually involve complex operations that require gastroesophageal mobilization and fundoplication
- ❖ Coded in the Esophageal section of CPT (43280-43282) since it is the esophageal sphincter that is the focus of the repair.

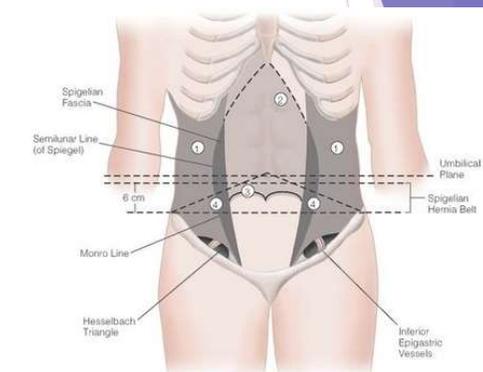


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Step 1: Identify the Types of Hernia

► Spigelian Hernia (49590)

- ❖ The Spigelian hernia is a rare hernia, sometimes referred to as a lateral ventral hernia.
- ❖ These hernias occur laterally along the outer edge of the six pack abdominal muscles in the Spigelian fascia, typically on the right side.
- ❖ These hernias occur between the muscles of the abdominal wall and are difficult to detect due to little outward evidence of swelling.
- ❖ There is a higher possibility of strangulation



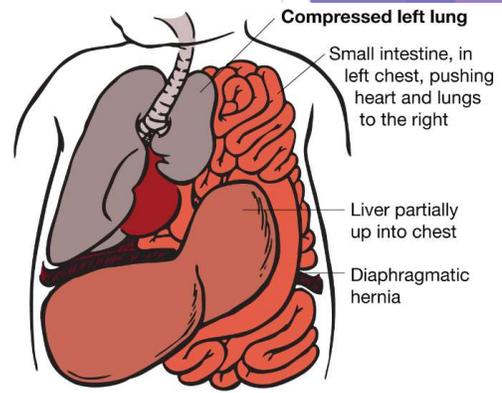
<http://ehealthwall.com/spigelian-hernia-symptoms-pictures-location-anatomy-causes-repair/>

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Bonus discussion

► Diaphragmatic Hernia

- ❖ Diaphragmatic hernias occur when the abdominal organs move upward into the chest through a defect in the diaphragm.
- ❖ Always a medical emergency and requires surgical intervention.
- ❖ Coded in the Diaphragm section of CPT (39503-39541)
- ❖ Code selection based on Neonatal (congenital) or Traumatic
 - ❖ Traumatic is further classified as acute or chronic



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Step 1: Identify the Types of Hernia

► Omphalocele

- ❖ Birth defect that occurs when the infant's abdominal wall does not develop properly.
- ❖ The intestine or other abdominal organs remain outside the abdomen, through the umbilicus and is covered only by a thin layer of tissue.
- ❖ Large omphaloceles may require staged repair to enlarge the abdominal cavity in preparation of receiving the bowel and organs.
 - ❖ When this happens, a prosthetic silo may be constructed to contain the organs outside the abdominal cavity inside the artificially formed incisional hernia. 6-24 months later the hernia becomes reducible – and the second stage of the procedure to repair the wall can now be performed. This second procedure should be coded with modifier -58 to indicate the planned nature of the staged procedure.



<http://omphaloceleisdefeated.blogspot.com/2012/01/maks-at-one-week-old-omphalocele-housed.html>

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Step 2: Identify the episode of care

Initial

Recurrent

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Step 2: Identify the episode of care

Initial First Time

An initial hernia is one that has not been previously repaired.

If a hernia is manually reduced and not surgically repaired, the recurrence of the protrusion is not a recurrent hernia. Recurrent is only used for those hernias that were surgically reduced.

Recurrent Return

A recurrent hernia is one that appears at the site of a previous hernia repair.

This can happen if the incision site weakens, or if there is infection or improper healing of the wound.

The conditions that caused the original hernia (for example, obesity or nutritional disorders) may persist and encourage the development of a recurrent hernia.

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Step 3: Verify the clinical presentation

▶ Reducible

- ▶ Contents of the hernia sac return to their normal location spontaneously or can be gently manipulated back into place.
- ▶ Reducing the hernia may make the defect appear smaller or disappear, the weakened tissue still needs to be repaired to avoid recurrence.

▶ Incarcerated or Strangulated

- ▶ Contents become trapped and cannot be pushed back into place, thus incarcerated.
- ▶ When the blood supply to an incarcerated hernia is cut off, it is considered strangulated.
- ▶ These types of hernias are dangerous due to the risk of gangrene when tissues die.

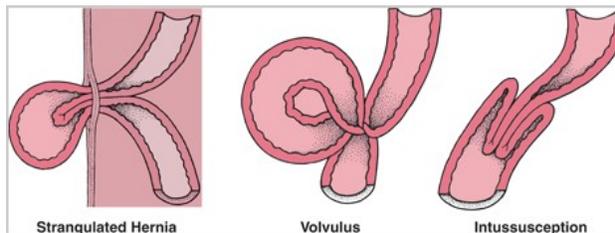
It's also important to note that the hernia repair codes are for the repair of the hernia only. If additional excision or repair of strangulated organs or structures is performed, those will be reported with separate codes with modifier 51.

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Step 3: Verify the clinical presentation

▶ Incarcerated or Strangulated

- ▶ Strangulated
- ▶ Volvulus
- ▶ Intussusception



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Step 4: Determine the patient age

- ▶ At time of surgery
- ▶ Post-conception age (49491-49496)



Gestational age at birth



Age in Weeks at surgery

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Step 5: Determine the Surgical Approach

Open



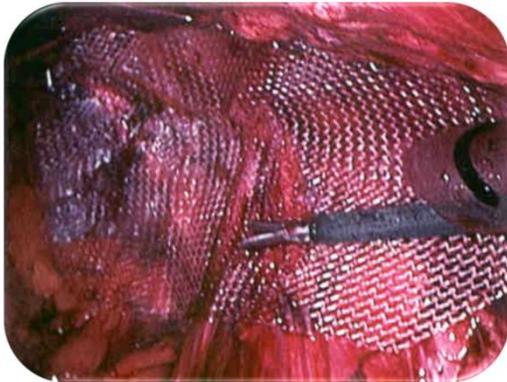
Laparoscopy



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Extra decision

- ▶ To mesh or not to mesh
 - ▶ (selecting the add on code 49568)



<http://www.surgery.usc.edu/divisions/nontrauma/expertise2.html>

With the exception of the incisional hernia repairs (49560-49566), the use of mesh or other prosthesis is not separately reportable.

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Additional Considerations - CCI

▶ Incidental hernia repairs

CCI Section E #4 "If a hernia repair is performed at the site of an incision for an open or laparoscopic abdominal procedure the hernia repair (e.g., CPT codes 49560-49566, 49652-49657) is not separately reportable. The hernia repair is separately reportable if it is performed at a site other than the incision and is medically reasonable and necessary."

▶ Recurrent versus Incisional

CCI Section E #5 "If a recurrent hernia requires repair, a recurrent hernia repair code may be reported. A code for incisional hernia repair should not be reported in addition to the recurrent hernia repair code unless a medically necessary incisional hernia repair is performed at a different site. In the latter case, modifier 59 should be appended to the incisional hernia repair code."

▶ Two hernia repairs - one incisional or ventral, other is not

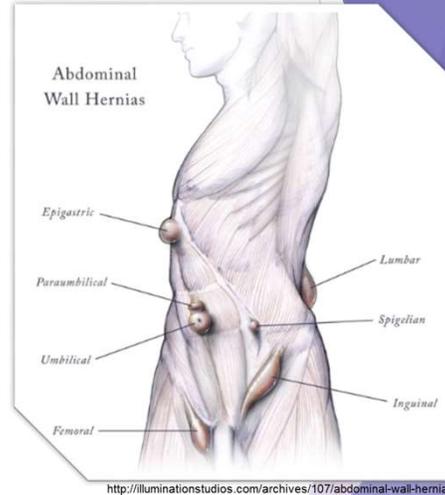
CCI Section E #6 "If there are two hernias and one is an incisional or ventral hernia CPT code 49568 may be reported with modifier 59 to bypass edits bundling CPT code 49568 into all hernia repair codes other than the incisional or ventral repair codes."

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Steps for Selecting the right ICD-10 code

1. Type of Hernia
2. Episode
3. Clinical Presentation
 - ▶ Obstruction
 - ▶ Gangrene

** Hernia with both gangrene and obstruction is classified to hernia with gangrene
4. Laterality



<http://illuminationstudios.com/archives/107/abdominal-wall-hernias>

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Includes:

acquired hernia

congenital
[except
diaphragmatic or
hiatus] hernia

recurrent hernia

ICD-10 Codes

K40 Inguinal hernia

- ▶ K40.0 *Bilateral* inguinal hernia, with obstruction, without gangrene
 - ▶ K40.00 not specified as recurrent
 - ▶ K40.01 recurrent
- ▶ K40.1 *Bilateral* inguinal hernia, with gangrene
 - ▶ K40.10 not specified as recurrent
 - ▶ K40.11 recurrent
- ▶ K40.2 *Bilateral* inguinal hernia, without obstruction or gangrene
 - ▶ K40.20 not specified as recurrent
 - ▶ K40.21 recurrent
- ▶ K40.3 *Unilateral* inguinal hernia, with obstruction, without gangrene
 - ▶ K40.30 not specified as recurrent
 - ▶ K40.31 recurrent
- ▶ K40.4 *Unilateral* inguinal hernia, with gangrene
 - ▶ K40.40 not specified as recurrent
 - ▶ K40.41 recurrent
- ▶ K40.9 *Unilateral* inguinal hernia, without obstruction or gangrene
 - ▶ K40.90 not specified as recurrent
 - ▶ K40.91 recurrent

bubonocele

direct inguinal
hernia

double inguinal
hernia

indirect
inguinal hernia

inguinal hernia
NOS

oblique
inguinal hernia

scrotal hernia

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ICD-10 Codes

K41 Femoral hernia

- ▶ K41.0 Bilateral femoral hernia, with obstruction, without gangrene
 - ▶ K41.00 not specified as recurrent
 - ▶ K41.01 recurrent
- ▶ K41.1 Bilateral femoral hernia, with gangrene
 - ▶ K41.10 not specified as recurrent
 - ▶ K41.11 recurrent
- ▶ K41.2 Bilateral femoral hernia, without obstruction or gangrene
 - ▶ K41.20 not specified as recurrent
 - ▶ K41.21 recurrent
- ▶ K41.3 Unilateral femoral hernia, with obstruction, without gangrene
 - ▶ K41.30 not specified as recurrent
 - ▶ K41.31 recurrent
- ▶ K41.4 Unilateral femoral hernia, with gangrene
 - ▶ K41.40 not specified as recurrent
 - ▶ K41.41 recurrent
- ▶ K41.9 Unilateral femoral hernia, without obstruction or gangrene
 - ▶ K41.90 not specified as recurrent
 - ▶ K41.91 recurrent

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ICD-10 Codes

K42 Umbilical hernia

- ▶ K42.0 Umbilical hernia with obstruction, without gangrene
- ▶ K42.1 Umbilical hernia with gangrene
- ▶ K42.9 Umbilical hernia without obstruction or gangrene

paraumbilical hernia

Excludes omphalocele (Q79.2)

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ICD-10 Codes

K43 Ventral hernia

- ▶ K43.0 Incisional hernia with obstruction, without gangrene
- ▶ K43.1 Incisional hernia with gangrene
- ▶ K43.2 Incisional hernia without obstruction or gangrene
- ▶ K43.3 Parastomal hernia with obstruction, without gangrene
- ▶ K43.4 Parastomal hernia with gangrene
- ▶ K43.5 Parastomal hernia without obstruction or gangrene
- ▶ K43.6 Other and unspecified ventral hernia with obstruction, without gangrene
- ▶ K43.7 Other and unspecified ventral hernia with gangrene
- ▶ K43.9 Ventral hernia without obstruction or gangrene

ICD-10 Codes

K44 Diaphragmatic hernia

- ▶ K44.0 Diaphragmatic hernia with obstruction, without gangrene
- ▶ K44.1 Diaphragmatic hernia with gangrene
- ▶ K44.9 Diaphragmatic hernia without obstruction or gangrene

hiatus hernia
(esophageal) (sliding)

paraesophageal
hernia

Excludes:

congenital diaphragmatic hernia (Q79.0)
congenital hiatus hernia (Q40.1)

ICD-10 Codes

K45 Other abdominal hernia

- ▶ K45.0 Other specified abdominal hernia with obstruction, without gangrene
- ▶ K45.1 Other specified abdominal hernia with gangrene
- ▶ K45.8 Other specified abdominal hernia without obstruction or gangrene

abdominal
hernia, specified
site NEC

lumbar hernia

obturator hernia

pubental hernia

retroperitoneal
hernia

sciatic hernia

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ICD-10 Codes

K46 Unspecified abdominal hernia

- ▶ K46.0 Unspecified abdominal hernia with obstruction, without gangrene
- ▶ K46.1 Unspecified abdominal hernia with gangrene
- ▶ K46.9 Unspecified abdominal hernia without obstruction or gangrene

enterocele

epiplocele

hernia NOS

interstitial
hernia

intestinal
hernia

intra-
abdominal
hernia

Excludes vaginal enterocele (N81.5)

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ICD-10-PCSCodes

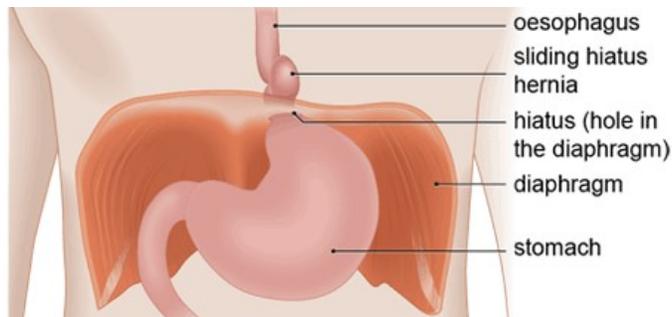
- ▶ The IP coders have been struggling with PCS coding of hiatal hernia repairs because when they query the physicians for laterality on the diaphragm, the physicians reply with "we only have one diaphragmatic hiatus - no laterality" or "There is only one diaphragmatic hiatus. It is central within the diaphragm, so there will never be laterality" or things along those lines.

What should we do?!?!?!?!?!?

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ICD-10-PCSCodes

- ▶ First, let's review where a Hiatal hernia occurs:



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ICD-10-PCSCodes

- ▶ Knowing that there is only one hiatus and it is centrally located, it becomes obvious that laterality is not a relevant topic.
- ▶ We wouldn't even need to query the providers if the hernia has been clearly identified as a hiatal hernia (as this would likely just irritate them).

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ICD-10-PCSCodes

- ▶ Since we have to do SOMETHING, let's turn to the coding clinic for guidance:

3M Coding Reference - Coding Clinic

Laparoscopic Nissen fundoplication and diaphragmatic hernia repair
Coding Clinic, Third Quarter ICD-10 2014 Page: 28 Effective with discharges: September 15, 2014
[Related Information](#)

Question:

A 57-year-old female presented with a symptomatic midline diaphragm (paraesophageal) hernia and intractable gastroesophageal reflux. She underwent laparoscopic diaphragmatic hernia repair and Nissen fundoplication. During surgery, the hernia sac was separated from the diaphragm and the redundant sac was excised. The fundus of the stomach was brought around the esophagus and a loose Nissen fundoplication was performed. What are the correct ICD-10-PCS codes for laparoscopic paraesophageal hernia repair with Nissen fundoplication?

Answer:

When the diaphragmatic hernia is described as midline, assign codes for both right and left diaphragm repair, otherwise code to the side that was operated on. Assign the following ICD-10-PCS codes:

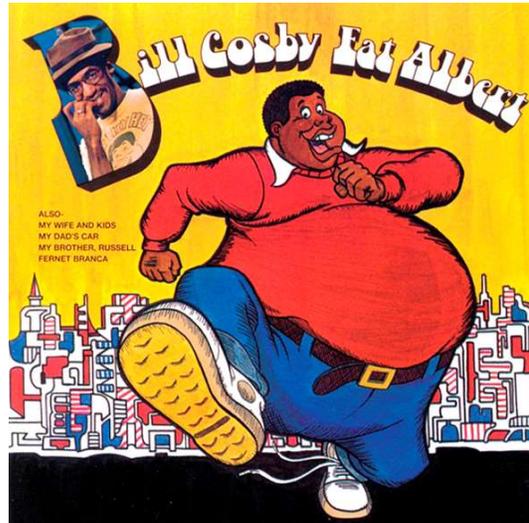
0DV44ZZ Restriction of esophagogastric junction, percutaneous endoscopic approach (Nissen fundoplication)

0BQR4ZZ Repair right diaphragm, percutaneous endoscopic approach (laparoscopic right diaphragm hernia repair)

0BQS4ZZ Repair left diaphragm, percutaneous endoscopic approach (laparoscopic left diaphragm hernia repair)

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Put it all together - Fat Albert's Hernia



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Fat Albert's Hernia

Patient: Albert, Fat

Inguinal Herniorrhaphy Operative Note

Indications: The patient has a symptomatic left inguinal

Date of
Pre-op
Post-op
Operat

further surgery were discussed with the patient. The patient's proposed plan, giving informed consent. The site of surgery was properly noted/marked. The patient was taken to Operating Room 12, identified as Fat Albert, age 17, placed on the operating table in a supine position and bilateral lower extremity compression boots were applied and turned on. The procedure was verified open mesh repair of left inguinal hernia. Preoperative intravenous antibiotics had been administered within the hour. Patient allergies were reviewed, the patient had voided. The necessary injectables, irrigation, and equipment. A... Both a

4: Age

1: Type

5: Approach

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Fat Albert's Hernia

3: Clinical Presentation:

An indirect inguinal hernia sac was identified and reduced. The sac was separated, it was infiltrated with a local anesthetic. High ligation was then carried out with a 2-0 silk purse-string suture at the level of the internal ring. The genital branch of the genitofemoral nerve was identified, resected, and tied with 3-0 Vicryl ties. A direct sac was identified and reduced with the use of a foley catheter 30 mL balloon. The transversalis fascia was imbricated with interrupted 3-0 silk sutures. The repair was carried out utilizing a keyhole polypropylene mesh which was placed overlying the inguinal floor and secured medially to the pubis with the VersaTack 4.0 mm tacks, then laterally to the inguinal ligament and medially to the conjoint tendon with the 4.8 mm tacks. Laterally, the mesh was crossed lateral to the cord being careful not to cross the ilioinguinal nerve which was mobilized well lateral to this area.

No mention of gangrene or obstruction.

Note that the use of mesh does not affect the coding in this case, since this is not an incisional hernia repair.

2: Episode

Unless the documentation supports recurrent, you would use the initial code.

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Fat Albert's Hernia

Due to the patient's Morbid obesity, manipulation of tissue and visualization of the operative field was considerably more difficult. This case took 2 hours longer than a routine hernia repair and a modifier -22 should be considered.

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Fat Albert's Hernia - Put it all together

Step 1: Type of Hernia - Inguinal

Step 2: Episode - Initial

Step 3: Clinical Presentation - Reducible, No gangrene, no obstruction

Step 4: Age - 17 and ICD10-CM Laterality - Left

Step 5: Surgical Approach - Open

Morbid Obesity making surgery more difficult

CPT – 49505-22 ICD-10-CM – K40.90

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Types of Resources

- ▶ Specialty society journals or web pages
 - ▶ <http://www.sages.org>
 - ▶ <http://radiographics.rsna.org>
- ▶ Google
- ▶ Medical School websites
- ▶ Patient Information brochures/sites

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Using Resources in the future

- ▶ Bookmark cool sites - you never know when they will come in handy.
 - ▶ Label the bookmarks with the content - not just the site name (i.e. cool hernia pictures)
- ▶ Keep a favorites list
- ▶ File articles, not magazines

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