Abdominal wall reconstruction requires many sets of codes

By Raymond Janevicius, MD

Plastic surgeons are often consulted for the repair of large abdominal wall defects. Coding accuracy is required to precisely report the various procedures which can be performed.

Primary hernias
General surgeons usually repair initial hernias, and it is unusual for plastic surgeons to be involved in these primary procedures except in unusual circumstances.

Hernias are either reducible or incarcerated, and separate codes are used to report these situations. If a primary hernia is reducible and it is repaired, code 49560 is used. If the primary hernia is incarcerated, the repair is reported with code 49561. The herniorrhaphy codes are global and include isolation and dissection of the hernia sac, reduction of intraperitoneal contents, fascial repair and soft tissue closure.

If a synthetic mesh is used to bridge or reinforce the fascial tissues, then the add-on code, 49568, is reported in addition to the code for the hernia repair. As with all add-on codes, 49568 is never reported alone and does not take the multiple procedure, "-51," modifier. Thus, the repair of a primary reducible incisional hernia that requires the use of a Marlex® mesh is coded:

49560  Herniorrhaphy, primary, reducible
49568  Implantation of Marlex mesh

Recurrent hernias
Procedures for recurrent hernias are often more complex and occasionally require the involvement of a plastic surgeon, as tissues may be attenuated or absent.

If the recurrent hernia is reducible, the herniorrhaphy is reported with code 49565; if the recurrent hernia is incarcerated, code 49566 is used. Use of synthetic mesh is reported with add-on code 49568 in addition to the herniorrhaphy code.

If insufficient fascial tissue is available for closure, incisions may be made in the posterior rectus sheath to allow for advancement of tissues medially. No specific code exists for this maneuver, but this does fall into the realm of complex repair. This is an additional surgical procedure performed prior to the layered closure (a defect "requiring more than layered closure"), so it is considered a complex repair.

Consider the repair of a recurrent, incarcerated hernia. The sac is dissected and the abdominal contents are reduced. Bilateral longitudinal incisions (each 20 cm. long) are made in the posterior rectus sheaths to facilitate fascial advancement prior to fascial and soft tissue repair. This procedure is coded:

43566  Herniorrhaphy, recurrent, incarcerated
13101-51  Complex repair, trunk; first 7.5 cm.
13102  Complex repair, trunk; additional 5 cm.
13102  Complex repair, trunk; additional 5 cm.
13102  Complex repair, trunk; additional 5 cm.
Separation of components
Larger hernia defects require more extensive procedures. "Separation of components" involves incision of the external oblique muscles, and their elevation off the internal oblique muscles to the anterior axillary lines.

The rectus abdominis (internal oblique) transversalis complexes are then advanced to the midline to close the abdominal defect. This surgical maneuver involves the preservation of blood supply and nerve supply to all the involved muscles and is reported as a muscle flap of the trunk, 15734. When this is performed bilaterally, 15734 is reported twice (see Code of the Month).

What about diastasis recti?
Although a diastasis recti is a weakness of the abdominal wall, it is not considered a hernia, although abdominal contents may bulge in the midline. Plication of the anterior rectus sheath is not considered a hernia repair and should not be reported as such. Rectus plication is considered part of a global abdominoplasty procedure and is generally not reported separately.

Code of the Month
A man suffers a gunshot wound to the abdomen, which is treated acutely by the general surgeon. Intraperitoneal repairs are performed, but the abdominal wall cannot be closed.

A 300-sq.-cm. skin graft is placed on the peritoneal surface. The area heals, but an extensive reducible hernia results. The plastic surgeon excises the skin graft and reduces the abdominal contents, then performs a "separation of components" repair bilaterally. The midline fascial repair is reinforced with a 100-sq.-cm. piece of Alloderm®.

Procedures:
15734 Right abdominal muscle flap (separation of components)
15734-51 Left abdominal muscle flap (separation of components)
49560-51 Herniorrhaphy, primary, reducible
15330-51 Acellular dermal allograft, 100 sq. cm.
15000-51 STSG excision, first 100 sq. cm.15001 STSG excision, additional 100 sq. cm.
15001 STSG excision, additional 100 sq. cm.

Although this is a secondary procedure, it is not a recurrent hernia, so the primary herniorrhaphy code, 49560, is reported.

Alloderm is an acellular dermal autograft. Its use is reported in 100-sq.-cm. increments using the new codes introduced in CPT 2006: 15330 and 15331 (see January 2006 CPT Corner).

The excision of the skin graft is a separate procedure and is reported with the wound preparation codes, 15000 and 15001.

"Separation of components" is reported with the trunk muscle flap code, 15734. Since bilateral muscle elevations are performed, 15734 is used twice. Some payers may require use of the "-59" modifier rather than "-51." Thus:

15734 Right abdominal muscle flap (separation of components)
15734-59 Left abdominal muscle flap (separation of components)

Dr. Janevicius is the society's representative to the AMA CPT Advisory Committee.
<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>49560</td>
<td>Repair initial incisional or ventral hernia; reducible</td>
</tr>
<tr>
<td>49561</td>
<td>Repair initial incisional or ventral hernia; incarcerated or strangulated</td>
</tr>
<tr>
<td>49565</td>
<td>Repair recurrent incisional or ventral hernia; reducible</td>
</tr>
<tr>
<td>49566</td>
<td>Repair recurrent incisional or ventral hernia; incarcerated or strangulated</td>
</tr>
<tr>
<td>+ 49568</td>
<td>Implantation of mesh or other prosthesis for incisional or ventral hernia repair</td>
</tr>
<tr>
<td>15734</td>
<td>Muscle, myocutaneous, or fasciocutaneous flap; trunk</td>
</tr>
<tr>
<td>15330</td>
<td>Acellular dermal allograft, trunk, arms, legs; first 100 sq cm</td>
</tr>
<tr>
<td>+ 15331</td>
<td>Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm</td>
</tr>
</tbody>
</table>