

2012 Hernia Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Traditional Open Repair		
39501	Repair laceration of diaphragm, any approach	\$853
39503	Repair neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	6,092
39540	Repair diaphragmatic hernia (other than neonatal), traumatic; acute	871
39541	Repair diaphragmatic hernia (other than neonatal), traumatic; chronic	947
43332	Repair paraesophageal hiatal hernia, via laparotomy, except neonatal; without implantation of mesh or other prosthesis	1,171
43333	Repair paraesophageal hiatal hernia, via laparotomy, except neonatal; with implantation of mesh or other prosthesis	1,271
43334	Repair paraesophageal hiatal hernia, via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	1,282
43335	Repair paraesophageal hiatal hernia, via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	1,380
43336	Repair paraesophageal hiatal hernia, via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	1,514
43337	Repair paraesophageal hiatal hernia, via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	1,658
49491	Repair initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	764
49492	Repair initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	948
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	404
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	595
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	406
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	599
49505	Repair initial inguinal hernia, age 5 years or older; reducible, age 5 years or younger	516
49507	Repair incarcerated or strangulated initial inguinal hernia	583
49520	Repair recurrent inguinal hernia, any age; reducible	627
49521	Repair incarcerated or strangulated recurrent inguinal hernia, any age	712
49525	Repair inguinal hernia, sliding, any age	568
49540	Repair lumbar hernia	667
49550	Repair initial femoral hernia; any age; reducible	571
49553	Repair initial femoral hernia; incarcerated or strangulated	626
49555	Repair recurrent femoral hernia; reducible	594
49557	Repair recurrent femoral hernia; incarcerated or strangulated	718
49560	Repair initial incisional or ventral hernia; reducible	731
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	923
49565	Repair recurrent incisional or ventral hernia; reducible	762
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	933
49568	Implantation of mesh or other prosthesis for ventral or incisional hernia repair (Repair with mesh)	267
49570	Repair epigastric hernia; reducible	413
49572	Repair epigastric hernia; incarcerated or strangulated	510
49580	Repair umbilical hernia; reducible, age 5 years or younger	329
49582	Repair umbilical hernia; incarcerated or strangulated, age 5 years or younger	478
49585	Repair umbilical hernia; reducible, age 5 years or older	440
49587	Repair umbilical hernia; incarcerated or strangulated, age 5 years or older	473
49590	Repair spigelian hernia	567
Laparoscopic Hernia Repair		
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$424
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	552
49659	Laparoscopy procedure, hernia repair, NOS	Carrier Priced



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OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0130	Level I Laparoscopy Procedure (CPT codes: 49659)	\$2,720
0131	Level II Laparoscopy (CPT codes: 49650, 49651)	3,358
0154	Hernia/Hydrocele Procedures (CPT codes: 49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49568, 49570, 49572, 49580, 49582, 49585, 49587, 49590)	2,304

Freestanding Ambulatory Surgery Center

CPT CODE	MEDICARE PAYMENT ⁴
49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49568, 49570, 49572, 49580, 49582, 49585, 49587, 49590	\$1,329
49650, 49651	1,938

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION	ICD-9 CODE ⁵	DESCRIPTION
17.11	Laparoscopic repair of direct inguinal hernia with graft or prosthesis	53.21	Unilateral repair of femoral hernia with graft or prosthesis
17.12	Laparoscopic repair of indirect inguinal hernia with graft or prosthesis	53.29	Other unilateral femoral herniorrhaphy
17.13	Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified	53.31	Bilateral repair of femoral hernia with graft or prosthesis
17.21	Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis	53.39	Other bilateral femoral herniorrhaphy
17.22	Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis	53.41	Other and open repair of umbilical hernia with graft or prosthesis
17.23	Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	53.42	Laparoscopic repair of umbilical hernia with graft or prosthesis
17.24	Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified	53.43	Other laparoscopic umbilical herniorrhaphy
44.69	Other repair of stomach	53.49	Other open umbilical herniorrhaphy
53.00	Unilateral repair of inguinal hernia, not otherwise specified	53.51	Incisional hernia repair
53.01	Other and open repair of direct inguinal hernia	53.59	Repair of other hernia of anterior abdominal wall
53.02	Other and open repair of indirect inguinal hernia	53.61	Other open incisional hernia repair with graft or prosthesis
53.03	Other and open repair of direct inguinal hernia with graft or prosthesis	53.62	Laparoscopic incisional hernia repair with graft or prosthesis
53.04	Other and open repair of indirect inguinal hernia with graft or prosthesis	53.63	Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis
53.05	Unilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified	53.69	Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis
53.11	Other and open bilateral repair of direct inguinal hernia	53.71	Laparoscopic repair of diaphragmatic hernia, abdominal approach
53.12	Other and open bilateral repair of indirect inguinal hernia	53.72	Other and open repair of diaphragmatic hernia, abdominal approach
53.13	Other and open bilateral repair of inguinal hernia, one direct and one indirect	53.75	Repair of diaphragmatic hernia, abdominal approach, not otherwise specified
53.14	Other and open bilateral repair of direct inguinal hernia with graft or prosthesis	53.80	Repair of diaphragmatic hernia with thoracic approach, not otherwise specified
53.15	Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis	53.83	Laparoscopic repair of diaphragmatic hernia, with thoracic approach
53.16	Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	53.84	Other and open repair of diaphragmatic hernia, with thoracic approach
53.17	Bilateral repair of inguinal hernia, one direct and one indirect, not otherwise specified	53.90	Other hernia repair

NOTE: ICD-9 codes are grouped into Medicare Severity Diagnoses Related Groups (MS-DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One MS-DRG is assigned to each inpatient stay.

INPATIENT FACILITY			
DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁴	NATIONAL AVERAGE DRG PAYMENT ⁶
326	Stomach, esophageal & duodenal procedures with MCC	15.5	\$31,987
327	Stomach, esophageal & duodenal procedures with CC	8.6	15,469
328	Stomach, esophageal & duodenal procedures without CC/MCC	3.5	7,798
350	Inguinal & femoral hernia procedures with MCC	7.9	14,194
351	Inguinal & femoral hernia procedures with CC	4.5	7,792
352	Inguinal & femoral hernia procedures without CC/MCC	2.3	4,857
353	Hernia procedures except inguinal & femoral with MCC	8.3	16,011
354	Hernia procedures except inguinal & femoral with CC	4.9	8,836
355	Hernia procedures except inguinal & femoral without CC/MCC	2.8	6,050

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2011 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Rule Physician Reimbursement Conversion Factor = \$34.0376.

³ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - Hospital Outpatient Payment.

⁴ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

⁵ Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

⁶ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - ASC Reimbursement.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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