

# Coding and reimbursement guide

## Biodesign Hernia Grafts

2024

The Biodesign Hernia Graft is used for reinforcing soft tissues where weakness exists, including the repair of hernias and body wall defects.

### Introduction

This guide was developed to assist with Medicare reporting and reimbursement when using Biodesign grafts during hernia and complex abdominal wall repair.

### Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review [these policies](#) and contact their [carrier's medical director](#) or commercial insurers to determine if a procedure is covered. You will find QR codes for these links on the last page of this document.

### Coding

Hernia repair is typically reported by one of the following Current Procedural Terminology (CPT®) codes. It is the physician's responsibility to choose a CPT code that accurately describes the procedure performed. Listed reimbursement rates do not represent adjustments specific to the provider's location or facility. Actual payment rates vary with geographic adjustment and are updated quarterly.

### C-codes

If applicable, Medicare requires hospitals to report device(s) by using the Level II Healthcare Common Procedure Coding System, or "C-codes." When reporting use of Biodesign grafts in a hospital outpatient setting, we recommend the following C-codes:

C1763	<b>Connective tissue, nonhuman (includes synthetic). These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy. [This excludes those items that are used to replace skin.]</b>
C1781	<b>Mesh (implantable). A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc.</b>

## Physician coding and reimbursement

CPT code	Description	Ambulatory surgery center	Outpatient hospital		Physician services
		Facility payment (national Medicare avg) <sup>1</sup>	APC	Facility payment (national Medicare avg) <sup>2</sup>	Fee when service provided in the hospital or ASC (national Medicare avg) <sup>3</sup>

### Component separation

15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	\$1,861.08	5055	\$3,421.82	\$1,473.82
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### Debridement and mesh removal

10180	Incision and drainage, complex, postoperative wound infection	\$1,157.18	5073	\$2,710.16	\$176.49
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	This service is not included on Medicare's list of approved procedures.	Inpatient procedure		\$751.48
+11008	Removal of prosthetic material or mesh, abdominal wall for infection (e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)				\$264.57
+49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)				Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.

A (+) in front of a procedure code denotes an add-on code. Add-on codes allow reporting of additional work associated with a primary procedure(s) and must never be reported alone. In addition, physician add-on codes are exempt from multiple procedure reduction.

## Diaphragmatic hernia repair

39501	Repair, laceration of diaphragm, any approach				\$836.61	
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia				\$5,599.26	
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute				\$849.71	
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	This service is not included on Medicare's list of approved procedures.	Not paid under OPPS. Admit patient. Bill as inpatient.		\$912.91	
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic				\$873.29	
39560	Resection, diaphragm; with simple repair (eg, primary suture)				\$787.50	
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)				\$1,229.22	
39599	Unlisted procedure, diaphragm				Contractor priced	
44238	Unlisted laparoscopy procedure, intestine (except rectum)			5361	\$5,503.30	Contractor priced

## Femoral hernia

49550	Repair initial femoral hernia, any age; reducible	\$1,621.85	5341	\$3,299.77	\$572.04
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	\$1,621.85	5341	\$3,299.77	\$625.41
49555	Repair recurrent femoral hernia; reducible	\$1,621.85	5341	\$3,299.77	\$598.56
49557	Repair recurrent femoral hernia; incarcerated or strangulated	\$1,621.85	5341	\$3,299.77	\$713.82

## Hiatal hernia

43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	This service is not included on Medicare's list of approved procedures.	5362	\$9,817.97	\$1,058.29	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh		5362	9,817.97	\$1,504.27	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh		5362	\$9,817.97	\$1,694.18	
43327	Esophagogastric fundoplasty partial or complete; laparotomy		Not paid under OPPS. Admit patient. Bill as inpatient			\$802.23
43328	Esophagogastric fundoplasty partial or complete; thoracotomy					\$1,088.09
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis					\$1,125.42
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis					\$1,232.82
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis					\$1,202.37
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis					\$1,291.43

43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	This service is not included on Medicare's list of approved procedures.	Not paid under OPPS. Admit patient. Bill as inpatient.	\$1,402.76
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis			\$1,494.12

### Inguinal hernia

49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	This service is not included on Medicare's list of approved procedures.	5361	\$5,503.30	\$789.14
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated		5341	\$3,299.77	\$947.29
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	\$1,621.85	5341	\$3,299.77	\$405.37
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	\$1,621.85	5341	\$3,299.77	\$610.02

49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	\$3,722.49	5342	\$7,215.91	\$413.89
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	\$1,621.85	5341	\$3,299.77	\$600.86
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$1,621.85	5341	\$3,299.77	\$518.01
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$1,621.85	5341	\$3,299.77	\$581.86
49520	Repair recurrent inguinal hernia, any age; reducible	\$1,621.85	5341	\$3,299.77	\$626.72
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$3,722.49	5342	\$7,215.91	\$707.93
49525	Repair inguinal hernia, sliding, any age	\$1,621.85	5341	\$3,299.77	\$567.78
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$2,705.53	5361	\$5,503.30	\$429.60
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$2,705.53	5361	\$5,503.30	\$560.58
54640	Orchiopexy, inguinal or scrotal approach	\$1,621.85	5341	\$3,299.77	\$423.06
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	\$1,621.85	5341	\$3,299.77	\$549.78

## Abdominal hernia

49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	\$1,621.85	5341	\$3,299.77	\$335.63
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	\$2,705.53	5361	\$5,503.30	\$466.28
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	\$1,621.85	5341	\$3,299.77	\$561.56
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	\$2,705.53	5361	\$5,503.30	\$730.85

49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	\$1,621.85	5341	\$3,299.77	\$755.41
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	This service is not included on Medicare's list of approved procedures.	Not paid under OPPTS. Admit patient. Bill as inpatient.		\$1,001.97
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	\$1,621.85	\$5,341.00	\$3,299.77	\$413.56
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	\$2,705.53	\$5,361.00	\$5,503.30	\$559.93



49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	\$1,621.85	\$5,341.00	\$3,299.77	\$626.07
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	This service is not included on Medicare's list of approved procedures.	Not paid under OPPS. Admit patient. Bill as inpatient.		\$841.20
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible				\$866.74
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated				\$1,214.15

## Parastomal hernia

49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	This service is not included on Medicare's list of approved procedures.	Not paid under OPSS. Admit patient. Bill as inpatient.	\$726.59
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated			\$895.88

**Note:** Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).



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Contact the reimbursement team  
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The reimbursement rates provided are national Medicare averages published by CMS at the time this guide was created. Reimbursement rates may change due to addendum updates Medicare publishes throughout the year and may not be reflected on the guide.

1. 2024 Medicare Ambulatory Surgery Center Fee Schedule.
2. 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule.
3. 2024 Medicare Physician Fee Schedule.

