

Western Australian Coding Rule

0916/12 Open component separation technique for repair of incisional hernia

WA Coding Rule 0316/04 *Open component separation technique for repair of incisional hernia* is superseded by ACCD Coding Rule *Component separation technique for incisional hernia repair* (Ref No: Q3060) effective 1 October 2016; (log in to view on the <u>ACCD CLIP portal</u>).

DECISION

WA Coding Rule 0316/04 Open component separation technique for repair of incisional hernia is retired.

[Effective 01 October 2016, ICD-10-AM/ACHI/ACS 9th Ed.]



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0316/04 Open component separation technique for repair of incisional hernia

Q.

What is the correct procedure code to assign for repair of incisional hernia by open component separation technique?

Α.

Repair of incisional hernia by component separation technique (CST) is a type of abdominal muscle advancement flap procedure.

The rectus abdominus/internal oblique/transversus abdominus are separated from their aponeurotic sheaves and mobilised medially to cover the defect (with nerves and blood vessels intact), This is done to cover large midline abdominal defects. Advancement flaps require linear advancement of tissue in a single plane (e.g. sliding across the midline).

Clinical advice is that the best code to assign for CST is 30405-00 [993] Repair of incisional hernia with muscle transposition.

Mesh may also be inserted following CST to reduce the recurrence of incisional hernias treated by CST alone. Insertion of mesh is not inherent in the CST procedure code, it should be assigned an additional code of 30405-01 [993] *Repair of incisional hernia with prosthesis* by following the Index pathway:

Repair

- hernia
- - incisional
- - with prosthesis (mesh).

DECISION

Repair of incisional hernia by component separation technique should be coded to 30405-00 [993] *Repair of incisional hernia with muscle transposition.* If mesh is also inserted, an additional code should be assigned: 30405-01 [993] *Repair of incisional hernia with prosthesis.* This query will be sent to the ACCD.

[Effective 30 March 2016, ICD-10-AM/ACHI/ACS 9th Ed.]