

# Laparoscopic Hiatal Hernia Repair



INDEPENDENT CARE HEALTH PLAN

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Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

### Table of Contents

[Related Medicare Advantage Medical/Pharmacy Coverage Policies](#)

[Related Documents](#)

[Description](#)

[Coverage Determination](#)

[Coverage Limitations](#)

[Coding Information](#)

[References](#)

[Appendix](#)

[Change Summary](#)

#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for Laparoscopic Hiatal Hernia Repair.

## Description

Hiatal hernias occur when the fundus (upper part of the stomach) bulges through the esophageal hiatus in the diaphragm (the opening where the esophagus passes from the thoracic to the abdominal cavity). Sliding hernias (type I) are the most common type and are generally asymptomatic. There are four main [classifications of hiatal hernias](#).

[Types II-IV](#) are known as paraesophageal hiatal hernias. In these types of hernias, the fundus pushes up through the esophageal hiatus. Paraesophageal hiatal hernia surgery includes positioning the stomach back into the abdominal cavity and closing the diaphragmatic defect with sutures. Mesh may be used to reinforce the area. In addition, fundoplication is typically performed with paraesophageal hiatal hernia repair to reduce the risk of postoperative gastrointestinal reflux and to reinforce the repair to prevent recurrence. Fundoplication is a surgical procedure in which the fundus is wrapped around the lower end of the esophagus. Types of fundoplication procedures include, but may not be limited to:

- **Nissen fundoplication** is the most used type of fundoplication in which the fundus of the stomach is wrapped completely around the lower end of the esophagus, reinforcing the lower esophageal sphincter (LES) with the goal of reducing the amount of stomach acid that may back up into the esophagus.
- **Partial fundoplication** is created by the fundus partially enveloping the distal esophagus and designed to allow a reduction in postoperative dysphagia. Types of partial fundoplication procedures include, but may not be limited to:
  - **90° anterior partial fundoplication (APF)** is a limited fundoplication procedure in which sutures are placed between the distal esophagus and the posterior hiatal pillar, which reportedly changes the angle of His (also known as the esophagogastric angle). Sutures are also used to anchor the gastric fundus to the anterior esophagus and the fundal fold to the anterior esophagus.
  - **Dor fundoplication** is a procedure in which the fundus is partially wrapped around the distal esophagus and sutured to create a low-pressure valve. This is performed anteriorly and usually in an individual who also requires a Heller myotomy.
  - **Hill repair** attempts to change the antireflux barrier by reportedly reducing the hernia and anchoring the gastroesophageal junction by the normal attachment to the pre-aortic fascia recreating the gastroesophageal valve.
  - **Lind partial fundoplication** is performed by suturing the fundus to the esophagus at the left and right lateral positions as well as anteriorly on the left position.
  - **Toupet fundoplication** is similar to the Nissen fundoplication; however, this procedure utilizes a 270° wrap of the stomach around the lower esophagus rather than 360° that is used in the Nissen procedure. This may reduce the amount of pressure or compression that is placed on the lower esophagus as compared to the Nissen fundoplication, which may help an individual with impaired esophageal motility.

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### Laparoscopic Hiatal Hernia Repair

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		

HCPCS Code(s)	Description	Comments
No code(s) identified		

## Appendix

### Appendix A Hiatal Hernia Classifications

Hiatal Hernia Type	Description
Type I	Also known as sliding hernias, where the gastroesophageal junction migrates above the diaphragm. The stomach remains in its usual longitudinal alignment and the fundus remains below the gastroesophageal junction.
Type II	Paraesophageal hernia in which the gastroesophageal junction remains in its normal position but a portion of the fundus herniates through the diaphragmatic hiatus adjacent to the esophagus.
Type III	Combination of type I and II with both gastroesophageal junction and the fundus herniating through the hiatus. The fundus lies above the gastroesophageal junction.
Type IV	Characterized by the presence of a structure other than stomach, such as omentum, colon or small bowel within the hernia sac.

## Change Summary

- 01/01/2024 New Policy.

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