



To: Physicians, Nurse Practitioners, Physician Assistants, Ambulatory Surgical Centers, Outpatient Hospitals
Subject: New Requirement for Prior Authorization of Incisional and Ventral Hernia Repairs

Effective October 1, 2013, the Department of Social Services will require physicians to obtain prior authorization for repair of incisional and ventral hernias.

A ventral hernia is defined as a hernia occurring in the abdominal wall at a site other than the groin. Incisional hernias are those hernias occurring in a previous surgical incision.

While repairs of ventral hernias are recommended, procedures performed for the sole purpose of removing excess skin and fat from the middle and lower abdomen and tightening the muscles of the abdominal wall are generally considered cosmetic and therefore not covered (Ref: Connecticut General Statutes 17b-262-342(13)).

Prior authorization determinations will be based upon a review of submitted clinical information and will conform to the DSS Definition of Medical Necessity (Ref: Connecticut General Statutes 17b-259b). These procedures will be considered **medically necessary** when:

- The hernia is identified on physical examination; or
- The hernia is identified through means of CT, MRI or Ultrasound.

Providers may refer to the “Reconstructive and Cosmetic Surgery” policy for additional information pertaining to the coverage of and prior authorization requirements for reconstructive and cosmetic surgical procedures. This policy is available on the HUSKY Health Program and Charter Oak Health Plan website at: www.huskyhealth.com. From the home page select “Providers”. From the provider page select “Policies, Procedures and Guidelines”. The policy is located under the sub-heading “Clinical Policies”.

Ventral and Incisional Hernia Repair Codes Requiring Prior Authorization:

49560	Repair initial incisional or ventral hernia; reducible
49565	Repair recurrent incisional or ventral hernia; reducible
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible

Information Required for Review:

The following information is required when submitting requests for ventral or incisional hernia repair:

- Fully completed State of Connecticut, Department of Social Services Outpatient Prior Authorization Request Form; and
- Contemporaneous documentation distinguishing a ventral hernia repair from a purely cosmetic abdominoplasty. Documentation must include (a) size of hernia; (b) whether hernia is reducible; and (c) the extent of fascial defect.

Outpatient Prior Authorization Request Form

Providers may access the Outpatient Prior Authorization Request Form on the HUSKY Health website: www.huskyhealth.com. From the home page select “Providers”. From the provider page select “Provider Bulletins, Updates and Forms”. The Outpatient Prior Authorization Request Form is located on the right side of the screen. Forms should be faxed to CHNCT at (203) 265-3994.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00am and 7:00pm.