

# 2025 Hernia Repair, Paraesophageal

---

## *Surgical Services*

SURG-HERNIA-HH  
Copyright © 2025 WNS (Holdings) Ltd.

**Last Review Date:** 09/12/2025  
Previous Review Date: 03/07/2025  
Guideline Initiated: 08/23/2022



A WNS COMPANY

# Table of Contents

Preamble: Pediatric Surgical Services .....	3
Paraesophageal Hernia Repair, Laparoscopic .....	3
Paraesophageal Hernia Repair, Laparoscopic Guideline .....	3
Hernia Repair, Paraesophageal Procedure Codes .....	4
Hernia Repair, Paraesophageal Summary of Changes .....	4
Hernia Repair, Paraesophageal Definitions .....	4
Hernia Repair, Paraesophageal References .....	6
Disclaimer section .....	6
Purpose .....	6
Clinician Review .....	7
Payment .....	7
Registered Trademarks (®/™) and Copyright (©) .....	7
National and Local Coverage Determination (NCD and LCD) .....	7
Background .....	8
Medical Necessity Codes .....	8



## Preamble: Pediatric Surgical Services

HealthHelp's clinical guidelines for the Surgical Services program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

## Paraesophageal Hernia Repair, Laparoscopic

### Paraesophageal Hernia Repair, Laparoscopic Guideline

A laparoscopic paraesophageal hernia (PEH) repair is considered medically appropriate when the documentation demonstrates **ANY** the following:

1. Gastroesophageal reflux disease (GERD) confirmed by esophagogastroduodenoscopy (EGD) with **ANY** of the following:
  - a. Barrett's esophagus with esophageal ulcer, low-grade dysplasia, metaplasia or stricture
  - b. Medical management attempted for at least 8 weeks with proton pump inhibitor (PPI) twice daily for symptoms (eg, heartburn, reflux) and is treatment resistant **OR** not tolerated.
  - c. Post endoscopic treatment of Barrett esophagus with carcinoma in situ, high-grade dysplasia or mucosal carcinoma
  - d. Symptomatic when erosive esophagitis is moderate to severe (eg, LA grade B or higher).
2. Hernia, paraesophageal type II to type IV as demonstrated on diagnostic imaging or upper endoscopy and **ANY** of the following:
  - a. Chronic anemia when other causes have been ruled out
  - b. Gastric obstruction
  - c. Gastric strangulation
  - d. Gastric volvulus, acute
  - e. GERD symptoms (eg, heartburn, difficulty swallowing, nausea/vomiting) unresponsive to PPI treatment for at least 3 consecutive months

**References:** [2] [5] [6] [3] [7] [4] [1]

## Hernia Repair, Paraesophageal Procedure Codes

**Table 1. Paraesophageal Hernia Repair, Laparoscopic, Associated Procedure Codes**

CODE	DESCRIPTION
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

## Hernia Repair, Paraesophageal Summary of Changes

Hernia Repair, Paraesophageal clinical guidelines in 2025 had the following version changes:

- Citations updated per the evidence
- Evidence reviewed and indications remained the same
- Pediatric preamble added to guideline

## Hernia Repair, Paraesophageal Definitions

**Barrett’s esophagus** is a metaplastic change of the esophageal epithelium from normal stratified squamous to columnar with goblet cells, resulting from chronic inflammation and repair. The presence of metaplastic epithelium increases risk for esophageal dysplasia and cancer.

**Carcinoma in situ (CIS)** refers to a precancerous condition where abnormal cells, resembling cancer cells, are found only in the place where they first formed and have not spread to nearby tissues. It's considered the earliest stage of cancer, often stage 0, and is considered non-invasive. While these cells may eventually become cancerous and spread, they are contained within the original layer of cells at the time of diagnosis.

**Dysplasia** refers to abnormal development or growth of cells, tissues, or organs, resulting in a change in their structure or function. It's essentially a precancerous condition where cells exhibit abnormal features under a microscope, but they haven't become cancerous.

**Endoscopy** is a procedure that uses an endoscope to examine the inside of the body. An endoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

**Erosive esophagitis** is a condition that damages the lining of the esophagus. It is caused by chronic irritation from stomach acid flowing back into the esophagus, a condition called gastroesophageal reflux (GERD).

**Esophageal ulcer** is an open sore that forms in the lining of the esophagus, the tube connecting the mouth to the stomach. It's essentially a break in the tissue lining the esophagus, often caused by acid reflux, infections, or medications.

**Esophagogastroduodenoscopy (EGD)** is a minimally invasive procedure that allows a doctor to examine the upper part of the gastrointestinal (GI) tract. It's also known as an upper endoscopy.

**Gastric outlet obstruction (GOO)** also known as pyloric obstruction, is a condition where the passageway between the stomach and the small intestine (the pylorus) is blocked, preventing food from leaving the stomach. This obstruction can be caused by various factors, including peptic ulcers, gastric cancer, and other conditions that can narrow or block the pylorus.

**Gastric strangulation** refers to a serious complication of gastric volvulus, where the stomach rotates more than 180 degrees and becomes twisted on itself, leading to a closed-loop obstruction. This can cause a complete obstruction of the stomach, cutting off blood supply and potentially leading to tissue death, perforation, and shock.

**Gastric volvulus** is a medical condition where the stomach twists on itself, obstructing the digestive tract and potentially compromising blood flow. It's a rare but serious condition that can lead to a medical emergency. The stomach's rotation can be along its long axis (organoaxial) or its short axis (mesenteroaxial).

**Gastroesophageal reflux disease (GERD)** is a motility disorder characterized by the reflux of gastric contents into the esophagus or oral cavity, leading to symptoms such as heartburn and epigastric pain, and potentially causing complications like erosive esophagitis, esophageal strictures, Barrett esophagus, and adenocarcinoma.

**Heartburn** is a painful, burning sensation in the chest that occurs when stomach acid flows back up into the esophagus, the tube that carries food from your mouth to your stomach. This backward flow, also known as acid reflux, can irritate the esophageal lining and cause a burning feeling.

**Laparoscopic paraesophageal hernia (PEH) repair** is a surgical procedure where a hernia, a condition where part of the stomach protrudes into the chest cavity through the diaphragm, is repaired using laparoscopic techniques (minimally invasive surgery). This involves reducing the herniated stomach back into the abdomen, repairing the weakened diaphragm, and often performing a fundoplication (a "wrap" to reinforce the gastroesophageal junction).

**Los Angeles (LA) grading of esophagitis** is an endoscopic system used to grade the severity of reflux esophagitis based on the appearance and extent of mucosal breaks in the esophagus. It divides esophagitis into four grades (A-D), with each grade representing a different severity level. Grades A and B are considered mild reflux disease and grades C and D are considered severe.

**Metaplasia** is a medical term that describes the transformation of one type of mature, differentiated cell into another type of mature, differentiated cell. This change typically occurs in response to chronic irritation or stress, and it is a protective adaptation to the harmful stimulus.

**Paraesophageal hernia**, also known as a hiatal hernia, occurs when part of the stomach protrudes through the esophageal hiatus (an opening in the diaphragm) into the chest cavity, alongside the esophagus. Unlike the more common sliding hiatal hernia, where the gastroesophageal junction slides up, a paraesophageal hernia involves the stomach or other abdominal organs herniating alongside the esophagus.

**Proton pump inhibitors (PPIs)** are a class of drugs that reduce stomach acid production. They work by inhibiting the "proton pump," which is the final step in acid secretion within stomach cells. This action leads to a significant decrease in stomach acid, which is useful for treating conditions like acid reflux, ulcers, and other acid-related disorders.

**Stricture** is a narrowing or constriction of the lumen of a tube, duct or hollow organ such as the esophagus, ureter or urethra.

## Hernia Repair, Paraesophageal References

- [1] Afzal, M., Alkhamis, A. N., . . . Alkanani, H. A. (2021). Congenital paraesophageal hernia presenting with chronic vomiting and iron deficiency anemia. *Journal of Pediatric Surgery Case Reports*, 74, Article 102046.
- [2] Daly S., Kumar, S. S., . . . Kohn, G. (2024). Guideline for the Surgical Treatment of Hiatal Hernia (Types II, III, IV). *Society of American Gastrointestinal and Endoscopic Surgeons*. Retrieved: August 2025. <https://www.sages.org/publications/guidelines/guidelines-for-the-surgical-treatment-of-hiatal-hernias/>
- [3] Dreifuss, N. H., Schlottman, F., . . . Molena, D. (2020). Management of paraesophageal hernia review of clinical studies; timing to surgery, mesh use, fundoplication, gastropexy, and other controversies. *Diseases of the Esophagus*, 33(8), doaa045.
- [4] Jeyarajah, D. R., Dunbar, K. B. (2021). Abdominal Hernias and Gastric Volvulus. M. Feldman, L.S. Friedman, . . . C.M. Wilcox (Eds.). *Sleisenger and Fordtran's Gastrointestinal and Liver Disease* (11), (pp. 381-398. e5). Philadelphia: Elsevier.
- [5] Katz, P. O., Dunbar, K. B., . . . Spechler, S. J. (2022). ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. *The American Journal of Gastroenterology*, 117(1), 27-56.
- [6] Yadlapati, R., Gyawali, C. P., . . . Pandolfino, J. E. (2022). AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. *Clinical Gastroenterology and Hepatology*, 20(5), 984-994.
- [7] Yates, R. B., Oelschlager, B. K. (2022). Gastroesophageal Reflux Disease and Hiatal Hernia. C. M. Townsend, R. D. Beauchamp, . . . K. L. Mattox (Eds.). *Sabiston Textbook of Surgery* (21), (pp. 1056-1078e1). Philadelphia: Elsevier.

## Disclaimer section

### Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve

outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

## Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

## Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

## Registered Trademarks (®/™) and Copyright (©)

All trademarks, product names, logos, and brand names are the property of their respective owners and are used for purposes of information and/or illustration only. Current Procedural Terminology (CPT)<sup>®</sup>™ is a registered trademark of the American Medical Association (AMA). No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from HealthHelp.

## National and Local Coverage Determination (NCD and LCD)



### NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.



A WNS COMPANY

## Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

## Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

## For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356  
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394  
11395 11396 11565