

2012 Bariatric Surgery Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Laparoscopic Gastric Bypass		
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150cm or less)	\$1,722
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	1,843
Laparoscopic Gastric Banding		
43659	Unlisted laparoscopy procedure, stomach (Removal and replacement of both adjustable gastric band and subcutaneous port component)	Carrier Priced
43770	Laparoscopy, surgical, gastric restrictive procedure: placement of adjustable gastric band (gastric band and subcutaneous port components) (use modifier -52 for individual component placement)	\$1,111
43771	Laparoscopy, surgical, gastric restrictive procedure: Revision of adjustable gastric band component only	1,262
43772	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band component only	949
43773	Laparoscopy, surgical, gastric restrictive procedure: Removal and placement of adjustable gastric band component only	1,262
43774	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band and subcutaneous port components	955
Laparoscopic Sleeve Gastrectomy		
43775*	Laparoscopy, surgical, gastric restrictive procedure: Longitudinal gastrectomy (e.g. sleeve gastrectomy) *New code in 2010 ** While RVU's have been identified, CMS currently does not cover Laparoscopic Sleeve Gastrectomy	1,285**
Miscellaneous Gastric Procedure (including revisions)		
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty	\$1,144
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty	1,269
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	1,942
43846	Gastric restrictive procedure, with gastric bypass, for morbid obesity; with short limb (150cm or less) Roux-en-Y gastroenterostomy	1,617
43847	Gastric restrictive procedure, with small intestine reconstruction to limit absorption	1,785
43848	Revision, open, of gastric restrictive procedure for morbid obesity (separate procedure), other than adjustable gastric band	1,916
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1,621
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	1,696
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	358
43887	Removal of subcutaneous port component only	324
43888	Removal and replacement of subcutaneous port component only	455
43999	Unlisted procedure, stomach	Carrier Priced
77002-26	Fluoroscopic guidance for needle placement (e.g., biopsy aspiration, injection, localization device)	27
74246-26	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	34
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline NOTE: S codes are not valid for Medicare payment NOTE: Modifier -26 professional component	Carrier Priced

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
130	Level I Laparoscopy (CPT code: 43659)	\$ 2,720
131	Level II Laparoscopy (CPT code: 43770)	3,358
135	Level III Skin Repair (CPT code: 43887)	348
137	Level V Skin Repair (CPT codes: 43886, 43888)	1,492
141	Level I Upper GI Procedure (CPT code: 43999)	591
276	Contrast X-Ray, Upper GI tract (CPT code: 74246) NOTE: The APC payment amounts indicated are estimates only based upon data elements derived from various CMS sources. These sources include CMS-1504-FC published 11/24/10, and the OPPI hospital payment impact file published 11/24/10. Actual payment may vary based on various hospital-specific factors not reflected in the source data. Actual payment may also vary based on adjustments that CMS may make from time to time.	86

Freestanding Ambulatory Surgery Center

CPT CODE ¹	DESCRIPTION	MEDICARE PAYMENT ⁴
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	\$865
43887	Remove gastric port	199
43888	Removal and replacement of subcutaneous port component only	865
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	49



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INPATIENT FACILITY			
ICD-9 CODE ⁵	DESCRIPTION	ICD-9 CODE ⁵	DESCRIPTION
PROCEDURE CODES		DIAGNOSIS CODES	
43.82	Laparoscopic vertical (sleeve) gastrectomy	278.00	Overweight and obesity
43.89	Open and other partial gastrectomy	278.01	Morbid obesity
44.31	High gastric bypass	278.02	Overweight
44.38	Laparoscopic gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojuenostomy without gastrectomy NOS]	539.01	Infection due to gastric band procedure
44.39	Other gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojuenostomy without gastrectomy NOS]	539.09	Other complications of gastric band procedure
44.5	Revision of gastric anastomosis	539.81	Infection due to other bariatric procedure
44.68	Laparoscopic gastroplasty [Banding, silastic vertical banding, vertical banded gastroplasty (VBG)**]	539.89	Other complication of other bariatric procedure
44.69	Other repair of stomach	997.49	Other digestive system complication
44.95	Laparoscopic gastric restrictive procedure	V12.29	Personal history of other endocrine, metabolic, and immunity disorders
44.96	Laparoscopic revision of gastric restrictive procedure	V53.99	Fitting and adjustment, other device
44.97	Laparoscopic removal of gastric restrictive device(s)	V85	Body Mass Index (BMI), Kilograms per meters squared
44.98	Laparoscopic adjustment of size of adjustable gastric restrictive device	V85.0	Body Mass Index less than 19, adult [†]
44.99	Other operations on stomach	V85.1	Body Mass Index than 19-24, adult
45.51	Isolation of segment of small intestine	V85.2x*	Body Mass Index 25-29, adult
45.91	Small-to-small intestinal anastomosis	V85.3x*	Body Mass Index 30-39, adult
88.1x	Other x-ray of the abdomen	V85.4x*	Body Mass Index 40 and over, adult
		V85.5x*	Body Mass Index, pediatric

SUPPLY CODES – BAND ADJUSTMENTS

A4208	Syringe with needle, sterile 3cc, each
A4215	Needle, sterile, any size, each
J7030	Infusion, normal saline, solution 1,000cc
J7040	Infusion, normal saline
J7050	Infusion, normal saline, solution 250cc

NOTE: ICD-9 codes are grouped into Diagnoses Related Groups (DRG s) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status, among other factors. One DRG per patient is assigned to each inpatient stay. *Check 5th digit.**Code also any synchronous laparoscopic gastroenterostomy (44.38). [†] Adult is person over 20 years old.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
619	O.R. procedures for obesity with MCC	7.6	\$19,683
620	O.R. procedures for obesity with CC	3.1	10,352
621	O.R. procedures for obesity without CC/MCC	1.9	8,354
987	Non-extensive O.R. procedure unrelated to principal diagnosis with MCC	11.7	19,168
988	Non-extensive O.R. procedure unrelated to principal diagnosis with CC	7.0	10,455
989	Non-extensive O.R. procedure unrelated to principal diagnosis without CC/MCC	3.3	5,959

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2011 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Rule Physician Reimbursement Conversion Factor = \$34.0376.

³ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - Hospital Outpatient Payment.

⁴ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - ASC Reimbursement.

⁵ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

⁶ Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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