

# 2010 Bariatric Surgery Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup>
<b>Laparoscopic Gastric Bypass</b>		
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150cm or less)	\$1,686
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	1,802
<b>Laparoscopic Gastric Banding</b>		
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)	\$1,076
43771	Laparoscopy, surgical, gastric restrictive procedure: Revision of adjustable gastric band component only	1,227
43772	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band component only	925
43773	Laparoscopy, surgical, gastric restrictive procedure: Removal and placement of adjustable gastric band component only	1,228
43774	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band and subcutaneous port components	929
<b>Laparoscopic Sleeve Gastrectomy</b>		
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	1,326**

<b>Miscellaneous Gastric Procedure (including revisions)</b>		
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty	\$1,155
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty	1,225
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)	1,896
43846	Gastric restrictive procedure, with gastric bypass, for morbid obesity; with short limb (150cm or less) Roux-en-Y gastroenterostomy	1,582
43847	Gastric restrictive procedure, with small intestine reconstruction to limit absorption	1,730
43848	Revision, open, of gastric restrictive procedure for morbid obesity (separate procedure), other than adjustable gastric band	1,871
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1,590
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	1,653
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	334
43887	Removal of subcutaneous port component only	304
43888	Removal and replacement of subcutaneous port component only	431
43999	Unlisted procedure, stomach	Carrier Priced
77002-26	Fluoroscopic guidance for needle placement (e.g., biopsy aspiration, injection, localization device)	28
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	36
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline <b>NOTE:</b> Modifier -26 professional component	Carrier Priced

## OUTPATIENT FACILITY

<b>Hospital Outpatient Department</b>		
APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
130	Level I Laparoscopy (CPT code: 43659)	\$2,559
135	Level III Skin Repair (CPT code: 43887)	299
137	Level V Skin Repair (CPT codes: 43886, 43888)	1,609
141	Level I Upper GI Procedure (CPT code: 43999)	588
276	Contrast X-Ray, Upper GI tract (CPT code: 74246)	87

**NOTE:** The APC payment amounts indicated are estimates only based upon data elements derived from various CMS sources. These sources include CMS-1414-FC published 10/30/09, and the OPPS hospital payment impact file published 10/7/09. 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.

## Freestanding Ambulatory Surgery Center

CPT CODE <sup>1</sup>	DESCRIPTION	MEDICARE PAYMENT <sup>4</sup>
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	\$958
43887	Remove gastric port	178
43888	Removal and replacement of subcutaneous port component only	958

ICD-9 CODE <sup>5</sup>	DESCRIPTION PROCEDURE CODES
43.89	Other (Partial gastrectomy or Sleeve resection)
44.31	High gastric bypass
44.38	Laparoscopic gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojujenostomy without gastrectomy NOS]
44.39	Other gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojujenostomy without gastrectomy NOS]
44.5	Revision of gastric anastomosis
44.68	Laparoscopic gastroplasty [Banding, silastic vertical banding, vertical banded gastroplasty (VBG)**]
44.69	Other repair of stomach
44.95	Laparoscopic gastric restrictive procedure
44.96	Laparoscopic revision of gastric restrictive procedure
44.97	Laparoscopic removal of gastric restrictive device(s)
44.98	Laparoscopic adjustment of size of adjustable gastric restrictive device
44.99	Other operations on stomach
45.51	Isolation of segment of small intestine
45.91	Small-to-small intestinal anastomosis
88.1x	Other x-ray of the abdomen
87.6x	Other x-ray of the digestive system

ICD-9 CODE <sup>5</sup>	DESCRIPTION DIAGNOSIS CODES
278.00	Overweight and obesity
278.01	Morbid obesity
278.02	Overweight
V85	Body Mass Index (BMI), Kilograms per meters squared
V85.0	Body Mass Index less than 19, adult <sup>†</sup>
V85.1	Body Mass Index than 19-24, adult
44.69	Other repair of stomach
V85.2x*	Body Mass Index 25-29, adult
V85.3x*	Body Mass Index 30-39, adult
V85.4x*	Body Mass Index 40 and over, adult
V85.5x*	Body Mass Index, pediatric

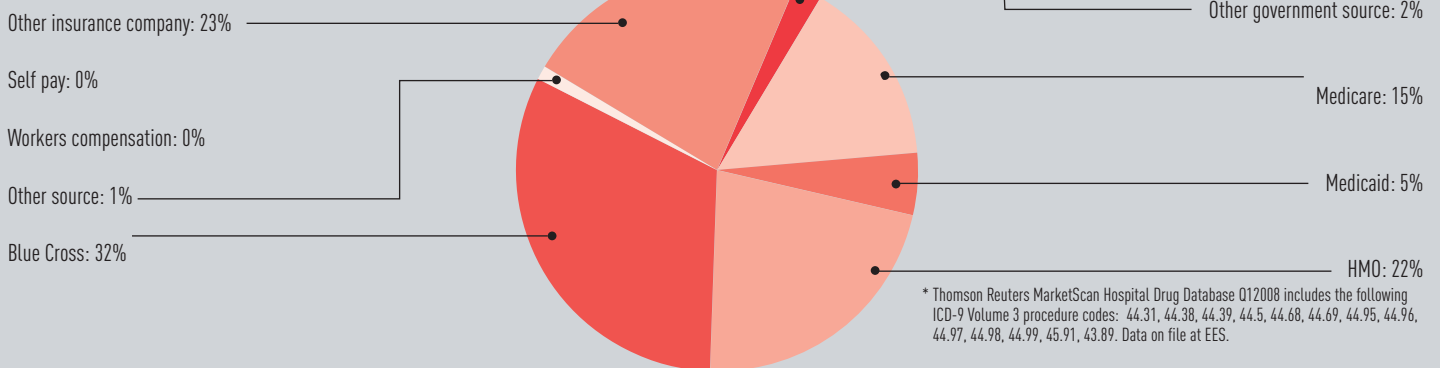
#### SUPPLY CODES – BAND ADJUSTMENTS

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) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>6</sup>
619	O.R. procedures for obesity with MCC	7.9	\$20,226
620	O.R. procedures for obesity with CC	3.4	10,304
621	O.R. procedures for obesity without CC/MCC	1.9	8,183
987	Non-extensive O.R. procedure unrelated to principal diagnosis with MCC	12.6	19,200
988	Non-extensive O.R. procedure unrelated to principal diagnosis with CC	7.3	10,066
989	Non-extensive O.R. procedure unrelated to principal diagnosis without CC/MCC	3.7	5,846

#### PAYOR MIX FOR GASTRIC BYPASS PROCEDURES\*



<sup>1</sup> All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2009 American Medical Association. All Rights Reserved.

<sup>2</sup> Federal Register, Vol. 74, No. 226, Wednesday, November 25, 2009/ Rules and Regulations. The 2010 Physician Reimbursement Conversion Factor = \$36.8729.

<sup>3</sup> Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; Hospital Outpatient Payment.

<sup>4</sup> Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; ASC Reimbursement.

<sup>5</sup> Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2009 Saunders, an imprint of Elsevier, Inc.

<sup>6</sup> Federal Register, Vol. 74, No. 165, Thursday, August 27, 2009/ Rules and Regulations; National Average DRG Payment.

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

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payor. We strongly recommend that providers consult their payor organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Ethicon Endo-Surgery, Inc. concerning levels of reimbursement, payment or charge. Similarly, all CPT, HCPCS and ICD-9 codes are supplied for information purposes only and represent no statement, promise or guarantee by Ethicon Endo-Surgery, Inc. that these codes will be appropriate or that reimbursement will be made. ICD-9 is based on the official version of the World Health Organization's Ninth Revision, International Classification of Diseases. CPT codes and descriptions only are copyright 2009 American Medical Association. All Rights Reserved. CPT does not include fee schedules, relative values or related listings. The source for this information is the Centers for Medicare and Medicaid Services and various commercial payors. The content provided by the Centers for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries and commercial payors.