

Bariatric Surgery Reimbursement Facts – 2008

Surgeon

CPT Code ¹	Procedure Description	National Medicare Fee ²
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)	\$1507.10
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1615.27
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)	\$970.08
43771	Laparoscopy, surgical, gastric restrictive procedure: Revision of adjustable gastric band component only	\$1107.95
43772	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band component only	\$833.72
43773	Laparoscopy, surgical, gastric restrictive procedure: Removal and placement of adjustable gastric band component only	\$1107.95
43774	Laparoscopy, surgical, gastric restrictive procedure: Removal of adjustable gastric band and subcutaneous port components	\$838.29
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty	\$1071.01
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty	\$1097.67
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	\$1716.20
43846	Gastric restrictive procedure, with gastric bypass, for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	\$1416.07
43847	Gastric restrictive procedure, with small intestine reconstruction to limit absorption	\$1553.19
43848	Revision, open, of gastric restrictive procedure for morbid obesity (separate procedure), other than adjustable gastric band	\$1680.40
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	\$287.18
43887	Removal of subcutaneous port component only	\$272.32
43888	Removal and replacement of subcutaneous port component only	\$387.34
43999	Unlisted procedure, stomach	Carrier Priced
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Carrier Priced

Outpatient Facility

Hospital Outpatient Department		
APC	APC Description	Medicare Payment ³
0130	Level I Laparoscopy (CPT 43659)	\$2,190.81
0135	Level III Skin Repair (CPT 43887)	\$288.30
0137	Level V Skin Repair (CPT 43886, 43888)	\$1,287.06
0141	Level I Upper GI Procedure (CPT 43999)	\$541.59
Freestanding Ambulatory Surgery Center		
CPT Code ¹	Procedure Description	National Medicare Fee ⁴
43886	Gastric reconstructive procedure, open; revision of subcutaneous port component only	\$836.59
43888	Removal and replacement of subcutaneous port component only	\$836.59

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Inpatient Facility

ICD-9 Code ⁵	Description	Procedure Codes	Diagnosis Codes
43.89	Other (Partial gastrectomy or Sleeve resection)	278.00	Overweight and obesity
44.31	High gastric bypass	278.01	Morbid obesity
44.38	Laparoscopic gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojuenostomy without gastrectomy NOS]	278.02	Overweight
44.39	Other gastroenterostomy [Bypass: gastroduodenostomy, gastroenterostomy, gastrogastrostomy, gastrojuenostomy without gastrectomy NOS]	V85	Body Mass Index (BMI), Kilograms per meters squared
44.5	Revision of gastric anastomosis	V85.0	Body Mass Index less than 19, adult ^ψ
44.68	Laparoscopic gastroplasty [Banding, silastic vertical banding, vertical banded gastroplasty (VBG)**]	V85.1	Body Mass Index than 19-24, adult
44.69	Other repair of stomach	V85.2x*	Body Mass Index 25-29, adult
44.95	Laparoscopic gastric restrictive procedure		
44.96	Laparoscopic revision of gastric restrictive procedure	V85.3x*	Body Mass Index 30-39, adult
44.97	Laparoscopic removal of gastric restrictive device (s)	V85.4x*	Body Mass Index 40 and over, adult
44.98	Laparoscopic adjustment of size of adjustable gastric restrictive device	V85.5x*	Body Mass Index, pediatric
44.99	Other operations on stomach		
45.51	Isolation of segment of small intestine		
45.91	Small-to-small intestinal anastomosis		

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)

^ψ Adult is person over 20 years old.

MS-DRG	Description	National Average MS- DRG Payment ⁶
619	O.R. procedures for obesity w MCC	\$14,872.69
620	O.R. procedures for obesity w CC	\$10,387.25
621	O.R. procedures for obesity w/o CC/MCC	\$9,085.86
987	Non-extensive O.R. proc unrelated to principal diagnosis w MCC	\$15,343.86
988	Non-extensive O.R. proc unrelated to principal diagnosis w CC	\$10,839.81
989	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	\$8,781.18

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are Copyright 2006 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, and reflects the legislation passed by Congress on December 19, 2007, 2008 Physician Reimbursement Conversion Factor = \$38.087. 2008 conversion factor, Work, PE & MP GPCI geographical averages used (CY 2008 Physician Fee Schedule 11/01/07 RVU values), please see your specific geographical GPCI for more accurate amounts. (Medicare pays 80%; the remaining 20% is the patient's responsibility. Many patients have supplemental insurance).

³ Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, 2008 Hospital Outpatient Payment

⁴ Federal Register, Vol. 72, No. 148, August 2, 2007, 2008 ASC Reimbursement.

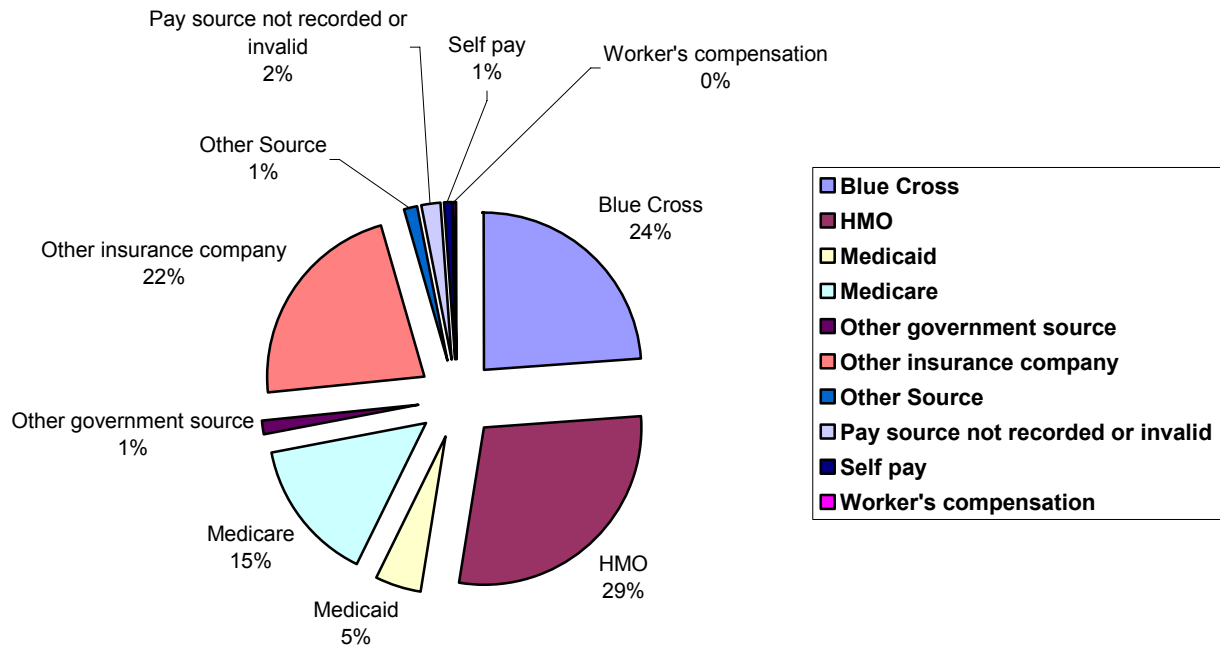
⁵ 2007 Encoder Pro Professional Hospital & Payor ICD-9-CM Volumes 1, 2 & 3.

⁶ Federal Register, Vol. 72, No. 162, August 22, 2007; 2008 National Average DRG Payment

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

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Payor Mix for Gastric By-Pass Procedures



*Solucient data-mining for 12 ICD-9-CM codes for Bariatric Surgery Report from Q3-2004 thru Q2-2005. Data on file at EES.

NOTE: 2008 Reimbursement and Billing Codes for these procedures have been validated by Princeton Reimbursement Group.

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.

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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 2007 American Medical Association. All Rights Reserved.

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