

CPT® and ICD-9 Codes for Bariatric Surgery
Presented by the ASMBS Insurance Committee

***CPT® and ICD-9 are dictated by payer policy guidelines.
These codes are for reference only.***

Disclaimer: The coding, billing and reimbursement of any medical treatment or procedure is highly subjective, and is dependent upon the interpretation of multiple variables, to include differing Medicare fiscal agent Local Coverage Determinations, and a wide variety of commercial insurance payers' policies. American Society for Metabolic and Bariatric Surgery (ASMBS) presents the information in this guide only as general information and a point of reference. ASMBS does not and cannot guarantee or warranty that the reliance upon any information presented in this guide will result in any provider's compliance with a particular payer's coding, billing or reimbursement requirements. This guide does not and cannot constitute professional advice or be a substitute for applicable professional advice regarding the coding, billing or reimbursement for any specific circumstance. ASMBS highly recommends that every provider consult a coding, billing or reimbursement professional regarding the submission of any specific claim for reimbursement."

Open Procedures

Operation	Description	CPT® Codes	Facility Procedure Code
VBG	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	43842	44.68
AGB	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	43843	44.69
BPD/DS	Gastric restrictive procedure, with partial gastrectomy, pylorus-preserving duodenoileostomy (50 to 100 cm common channel) to limit absorption (BPD/DS)	43845	45.91 43.89 45.51
RYGB (proximal)	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 150 cm) Roux-en-Y gastroenterostomy	43846	44.39
RYGB (distal)	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	43847	44.39

Revision RYGB	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	43848	44.5
BPD	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	43633	43.7

Laparoscopic Bypass Procedures

Operation	Description	CPT® Codes	Facility Procedure Code
RYGB (proximal)	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en Y gastroenterostomy (Roux limb 150 cm or less)	43644	44.38
RYGB (distal)	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	43645	44.38
Lap DS, Lap revisions Lap sleeve gastrectomy	Unlisted laparoscopy, stomach	43659	43.89

Laparoscopic Gastric Restrictive Procedures

Operation	Description	CPT® Codes	Facility Procedure Code
Lap adjustable gastric band and port implantation	Implantation of adjustable gastric band and port, [Laparoscopic]	43770	44.95
Lap Sleeve Gastrectomy	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	43775	43.89

**Adjustable Gastric Band and Subcutaneous Port
[Implantation]**

Description	CPT® Codes	Facility Procedure Code
-------------	------------	-------------------------

February 2013

Implantation of adjustable gastric band and port, [Laparoscopic]	43770	44.95
Restrictive Procedure, non-VBG, [Open]	43843	44.69

**Adjustable Gastric Band and Subcutaneous Port
[Other]**

Description	CPT® Codes	Facility Procedure Code
Removal of adjustable gastric band and port	43774	44.97
Replacement of gastric band and port	43659	44.96

Adjustable Gastric Band Only

Description	CPT® Codes	Facility Procedure Code
Revision of gastric band	43771	44.96
Removal of gastric band	43772	44.97
Removal and replacement of gastric band	43773*	44.97
Implantation of gastric band/subcutaneous port (for individual component placement report modifier -52)	43770-52	44.95 44.98 44.96 44.99 44.97

***Can't use 43773 if you use 43772**

Subcutaneous Port Only

Description	CPT® Codes	Facility Procedure Code
Revision of subcutaneous port, Open	43886	44.69 44.99
Removal of subcutaneous port, Open	43887	44.99
Removal and replacement of subcutaneous port, Open	43888*	44.99
(Laparoscopic) adjustment of size of adjustable gastric restrictive device. Infusion of saline for device tightening/ withdrawal of saline for device loosening	S2083	44.98
Code also any:		88.74
Abdominal ultrasound		88.76
Fluoroscopy	76700	88.19
Barium swallow	77002	87.61

***Can't use 43888 if you use 43887 or 43774**

Revisions

Description	CPT® Codes	Facility Procedure Code
Laparoscopy, unlisted stomach	43659	44.96
Revision of band to RYGB, Laparoscopic *multiple surgery rule	43644 43774-51	44.38 44.97 44.99
Removal of band to RYGB, Open	43848	44.5
Placement of band for revision of RYGB, Laparoscopic (Increased Procedural Services)	43770-22*	44.95
Revision of sleeve gastrectomy to RYGB, Laparoscopic (Increased Procedural Services)	43644-22	43.38

Revision of subcutaneous port, Open	43886	44.69 44.99
Revision of gastric band	43771	44.96
Laparoscopic removal of band and Revision Laparoscopic sleeve gastrectomy	43774-51* 43775	44.97 43.89

Always list the most resource-intensive (expensive) procedure first, without a modifier

***Increased procedural service. When the work required to provide a service is substantially greater than typically required**

Other Options during Revisional Procedures

Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)	43848	44.5
Revision of gastroduodenal anastomosis (gastrojejunostomy) with reconstruction, with or without vagotomy	43850	44.00 44.03 44.01 44.5 44.02
Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastectomy or intestine resection; without vagotomy	43860	43.7 44.02 44.00 44.03 44.01 44.39
Enterectomy, resection of small intestine; single resection and anastomosis	44120	45.61 46.02 45.62 46.03 46.01 46.20
Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	44202	45.62
Unlisted laparoscopy procedure, intestine	44238	45.28 45.29 46.64
Excision, local; ulcer of stomach	43610	43.42
Reduction of volvulus, intussusceptions, internal hernia, by laparotomy	44050	46.81 46.82 54.95
Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion)	44180	54.51

Other Options

Suture of mesentery (separate procedure)	44850	54.75
Cholecystectomy	47562	51.23 51.24
Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	39502	53.71 53.72 53.75 44.00 44.29 44.69
Unlisted procedure, diaphragm	39599	34.28 34.83 34.85 53.71 53.75 53.82 53.83
Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) * Note is crural repair only is done, append modifier -52 (reduced services)	43280	42.7 44.65 44.66 44.67
Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	43281	
Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	43282	

Adjustments

Description	CPT® Codes
E & M Establish patient	99211 - 99215
New Pt. had band placement performed by surgeon Not performing the adjustment – E & M	99201 -99205
Fluoroscopic guidance for needle placement (aspiration, injection, localization of device)	77002
Modifier(s) may apply (when performed in combination with Radiologist)	-26/TC
Ultrasonic guidance for needle placement (e.g. Biopsy, aspiration, injection, localization devise), imaging supervision and interpretation	76942
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	74246

Lap-Band Adjustment only * (payer discretion)	S2083**
Office visit and Lap-Band Adjustment Decision for adjustment must be made on the same day of adjustment (follow appropriate coding rules for modifier -25)	99211-99215-25 S2083

** S codes are national codes (non-Medicare) created by the Blues which other payers have adopted.

* If the payer does not recognize S2083, these are alternative codes to use:

Unlisted Procedure of the stomach Use when there is no payer designated CPT® code In the comment field on your CMS 1500 form (box 19) Type "Gastric Band Adjustment"	43999 * code maybe subject to global period, payer discretion
Office visit and Injection (decision for adjustment must be made on the same day of adjustment) if the sole purpose for the visit is adjustment an E & M code cannot be billed	99211-99215-25 43999
Miscellaneous Supply codes May NOT be billed with S2083 code	

Psychology Coding

Original Code - 2012	New CPT® Crosswalk 2013	Service Description	Comments
90801	90791	Psychiatric diagnostic evaluation	Modifier -AH ¹ no longer required for Medicare. This code to be used for Psychologist only
90801	90792	Psychiatric diagnostic evaluation	This code to be used for prescribing medical providers only i.e. MD/DO, PA, APRN ²
96010	96010	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the	

		psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	
90804	90832	Psychotherapy, 30 minutes	
90807	90834	Psychotherapy, 45 minutes	
90808	90837	Psychotherapy, 60 minutes	Prior authorization maybe require

Importantly, these 2013 coding changes involve only the psychotherapy codes – the codes found in the Psychiatry section of the 2013 CPT® manual. There are no changes to other codes that psychologists use, such as testing or health and behavior codes.

**Bariatric ICD-9-CM
Diagnostic Codes by Body System**

Cardiovascular System

Hypertensive heart disease	402.00 - 402.91
Hypertensive chronic kidney disease	403.00 - 403.91
Hypertensive Heart and Chronic kidney disease	404.00 - 404.93
Cardiovascular disease, unspecified	429.2
Cardiovascular disease – Family Hx	V17.4
Congestive heart failure – unspecified	428.0
Coronary atherosclerosis, unspecified	414.XX (needs 4 th and 5 th digit)
Heart attack – unspecified	410.9 needs 5 th digit
Hypertension – benign	401.1
Hypertension – malignant	401.0
Post phlebotic syndrome – w/o complication	459.10
Varicose veins – NOS	454.9

Circulatory System

Venous insufficiency (peripheral) – unspecified	459.81
---	--------

Endocrine System Code Range

Secondary Diabetes Mellitus without mention of complication, not stated as uncontrolled, or unspecified	249.00 - 249.91

Diabetes Mellitus type II controlled	250.00
Diabetes Mellitus type II uncontrolled	250.02
Hypercholesterolemia	272.0
Hyperlipidemia	272.2
Hyperlipidemia other and unspecified	272.4
Hypertriglyceridemia, essential	272.1
Hypothyroid – NOS	244.9
Overweight - BMI 25-30	278.02*
Obese - class I - BMI 30-35	278.00*
Severely obese - class II - BMI 35-40	278.01*
Super obese - class III - BMI over 40	278.01*
*Use additional code to identify Body Mass Index (BMI) if known	(V85.21 – V85.4)
BMI adult codes are for persons over 20 years old	V85 – V85.4
BMI pediatric codes are for use for persons age 2-20 years old	V85.51 – V85.54

*Some Medicare Administrative Contractors (MAC) requires use of 278.00 for BMI's of 35-39.9. Providers should check the billing guidelines by the MAC in their state for lower BMI criteria.

*When listing 278.00 and 278.01, report the BMI with an additional V code

Gastrointestinal System

Cholelithiasis	574.20
Cholecystitis – unspecified	575.10
Difficulty swallowing/Dysphagia	787.2
Gastroesophageal Reflux Disease (G.E.R.D.)	530.81
Heartburn	787.1
Barrett’s Esophagus	530.85
Hepatitis – unspecified	573.3
Hernia – Hiatal	553.3
Hernia – Incisional	533.21
Hernia – Ventral - unspecified	533.20

Genitourinary System

Frequent urination	788.41
Urinary stress incontinence – Female	625.6
Urinary stress incontinence – Male	788.32

Gynecologic problems (Female)

Amenorrhea	626.0
Heavy periods	626.2

Infertility – unspecified	628.9
Irregular periods	626.4
Dysmenorrhea – Painful periods	625.3
Polycystic ovary disease	256.4

Musculoskeletal System

Degeneration intervertebral disc	722.51 - 722.93
Osteoarthritis, localized, primary	715.10 – 715.18
Osteoarthritis, localized, secondary	715.20 – 715.28
Osteoarthritis, localized not specified as primary or secondary	715.35 – 715.38
Arthritis – weight bearing joints	716.98
Joint pain – weight bearing joints	719.49
Joint pain – Back	719.48
Joint pain – Foot	719.47
Joint pain – Hip	719.45
Joint pain – Knee	719.46
Low back pain	724.2
Sciatica	724.3
Swelling of ankles	719.07

Respiratory System

Asthma – unspecified	493.90
Pickwickian syndrome	278.8
Shortness of breath	786.05
Unspecified sleep apnea	780.57
Insomnia with sleep apnea	780.51
Hypersomnia with sleep apnea	780.53

Body Mass Index

Note: BMI adult codes are for use for persons over 20 years old	BMI codes are used in conjunction with 278.01 (Morbid Obesity) and 278.02 (Overweight) ICD-9 codes
BMI less than 19, adult	V85.0
BMI between 19 -24, adult	V85.1
BMI 25.0 – 25.9, adult	V85.21
BMI 26.0 – 26.9, adult	V85.22
BMI 27.0 – 27.9, adult	V85.23
BMI 28.0 – 28.9, adult	V85.24
BMI 29.0 – 29.9, adult	V85.25
BMI 30.0 – 30.9, adult	V85.30
BMI 31.0 – 31.9, adult	V85.31
BMI 32.0 – 32.9, adult	V85.32
BMI 33.0 – 33.9, adult	V85.33
BMI 34.0 – 34.9, adult	V85.34
BMI 35.0 – 35.9, adult	V85.35

February 2013

BMI 36.0 – 36.9, adult	V85.36
BMI 37.0 – 37.9, adult	V85.37
BMI 38.0 – 38.9, adult	V85.38
BMI 39.0 – 39.9, adult	V85.39
BMI 40 - 44.9, adult	V85.41
BMI 45.0 – 49.9, adult	V85.42
BMI 50.0 – 59.9, adult	V85.43
BMI 60.0 – 69.9, adult	V85.44
BMI 70 and over, adult	V85.45

Psychological Disorders

Depressive disorder - NEC	311
Major depressive disorder, single episode, mild	296.21
Depressive disorders	296.21 – 296.36
Bipolar – unspecified	296.80
Anxiety state – unspecified	300.00
Panic disorder	300.01
Stress – unspecified	308.9
Adjustment Reaction, unspecified	309.9
History of abuse, emotional	V15.42
History of abuse, physical	V15.41
History of alcohol abuse	V11.3

Post Operative ICD-9 codes indications for adjustments and other post operative follow-up

Bariatric surgery status	V45.86
Belching	787.3
Cough	786.2
Dysphagia, unspecified	787.20
Dysphagia, oral phase	787.21
Dysphagia, oropharyngeal phase	787.22
Dysphagia, pharyngeal phase	787.23
Dyspepsia and other specified disorders of function of stomach	536.8
Early Satiety	780.94
Esophageal obstruction	530.3
Fitting and adjustment of gastric lap band	V53.51
Gastric outlet obstructions	537.0
Gastric ulcer	531 (4 th & 5 th digits required)
Heartburn	787.1
Inappropriate diet and eating habits	V69.1
Malabsorption (gastric bypass)	579.3
Morbid Obesity – defined as having a BMI of 40 or over; or anyone who is greater than 100 lbs over his or her ideal body weight	278.01
Obesity, unspecified – defined as having a BMI	278.00*

February 2013

of 30 and above	
Persistent vomiting	536.2
Polyphagia (excessive eating)	783.6
Post-op surgery syndrome	564.2
Reflux esophagitis	530.11
Reflux, gastroesophageal	530.81
Regurgitation/Vomiting	787.03

**Bariatric Surgery Complications
Possible ICD-9-CM Codes**

Acute Cholecystitis	575.10
Acute Cholelithiasis	574.20
Acute Cholecystitis w Cholelithiasis	574.10
Adhesions – intestinal post-op w obst	560.81
Anorexia	783.0
Atelectasis	518.0
Bezoar Obstruction – Food blockage	935.2
Infection due to gastric band px	539.01
Other Complication of gastric band px	539.09
Infection due to other bariatric px	539.81
Other complication of other bariatric px	539.89
Diarrhea – following gastrointestinal surgery	564.4
Dumping syndrome	564.2
Fistula – gastrointestinal	537.4
Fistula – post-op persistent	998.6
Gastric outlet obstruction/stenosis	537.0
Gastric Ulcer	531.30
Gastrojejunal ulcer	534 (4 th & 5 th digits required)
Marginal ulcer, acute	534.0 (5 th digit required)
Hair loss	704.00
Hernia – Incisional	553.21
Inappropriate diet and eating habits	V69.1
Lactose intolerance	271.3
Leak – gastrojejunal	997.4
Malabsorption	579.3
Nausea	787.02
Phlebitis – unspecified site	451.9
Pneumonia – post operative	997.3
Pulmonary Embolism – post operative	415.11
Small bowel obstruction	560.9
Staple line disruption	998.31
Vitamin deficiencies – multiple	269.2
Vomiting following gastrointestinal surgery	564.3
Wound dehiscence – external	998.32
Wound dehiscence – internal	998.31

February 2013

Wound infection – post operative	998.59
----------------------------------	--------

Bariatric Coding Email Hotline: Please send your questions to the following email: insurance@asmbs.org.