

2022 Billing and Coding Guide

Bariatric Surgery

Rates listed in this guide are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the unadjusted Medicare National Average rounded to the nearest whole number for 2022 and do not represent adjustment specific to the provider's location or facility.

Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables.

HCPCS¹ level II is a standardized coding system used primarily to identify products, supplies, and services not included in the CPT code set. All components of the Bariatric procedure are captured in the reporting of the associated CPT code. Unless otherwise stated in this document, there are no designated HCPCS Level II codes assigned to bariatric procedures.

CPT* Code ²	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Gastric Bypass, Laparoscopic				
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Facility Only: \$1,793	Inpatient only, not reimbursed for hospital outpatient or ASC	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Facility Only: \$1,896	Inpatient only, not reimbursed for hospital outpatient or ASC	
Gastric Band, Laparoscopic ⁵				
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)	Facility Only: \$1,167	N/A	\$9,096
Gastric Band, Revision and Removal of Band, Laparoscopic ⁶				
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Facility Only: \$1,324	Inpatient only, not reimbursed for hospital outpatient or ASC	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Facility Only: \$982	N/A	\$3,136
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Facility Only: \$1,324	N/A	\$5,168
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Facility Only: \$994	N/A	\$3,136

CPT® Code ² / HCPCS Code	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Gastric Band, Revision and Removal of Port				
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Facility Only: \$382	\$1,823	\$3,596
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Facility Only: \$344	\$887	\$1,749
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Facility Only: \$483	\$1,823	\$3,596
Adjustment of Band Diameter				
S2083 ⁷	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own requirements.		
Sleeve Gastrectomy, Laparoscopic				
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	Facility Only: \$1,143	Inpatient only, not reimbursed for hospital outpatient or ASC	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Not covered by Medicare		
Other Gastric Restrictive Procedure, Open				
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Facility Only: \$1,329	Inpatient only, not reimbursed for hospital outpatient or ASC	
Biliopancreatic Diversion (without Duodenal Switch)				
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Facility Only: \$2,094	Inpatient only, not reimbursed for hospital outpatient or ASC	
Biliopancreatic Diversion with Duodenal Switch				
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)	Facility Only: \$2,017	Inpatient only, not reimbursed for hospital outpatient or ASC	
Gastric Bypass, Open				
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Facility Only: \$1,708	Inpatient only, not reimbursed for hospital outpatient or ASC	
43847	Gastric restrictive procedure; with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Facility Only: \$1,869	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT® Code ² / HCPCS Code	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Revision, Gastric Restrictive Procedure ⁷				
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Facility Only: \$1,992	Inpatient only, not reimbursed for hospital outpatient or ASC	
Other Revision				
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Facility Only: \$1,688	Inpatient only, not reimbursed for hospital outpatient or ASC	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Facility Only: \$1,766	Inpatient only, not reimbursed for hospital outpatient or ASC	
Single Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S)*				
43659	Unlisted laparoscopy procedure, stomach	Carrier priced		
43999	Unlisted procedure, stomach	Carrier priced		
Robotic Assistance				
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own requirements.		

*A dedicated guide to address coding recommendations for the SADI-S procedure is available at

<https://www.medtronic.com/covidien/en-us/support/reimbursement.html> or by contacting a member of the Medtronic Medical Surgical Reimbursement Support Program at 877-278-7482 or Rs.MedtronicMITGReimbursement@Medtronic.com.

Diagnosis Coding for Bariatric Surgery

ICD-10-CM⁸ diagnosis codes are used by physicians, hospitals, ambulatory surgery centers, and other providers to indicate the reason for the encounter.

Bariatric procedures are performed for patients who are obese. While the patients typically have associated comorbidities that should also be coded and reported, obesity remains the primary reason for the procedure. Payers may also require that a specific BMI be reported to meet coverage criteria. ICD-10-CM also provides codes specifically for complications of bariatric procedures.

The codes displayed are representative of diagnoses and procedures that are associated with bariatric surgery. Other diagnosis and procedure codes may also be available. Providers should check with their coding advisors and payers for additional or alternate codes.

Condition	ICD-10-CM Diagnosis Code	Description
Obesity	E66.01	Morbid (severe) obesity due to excess calories
	E66.09	Other obesity due to excess calories
	E66.8	Other obesity
BMI	Z68.35	Body mass index (BMI) 35.0-35.9, adult
	Z68.36	Body mass index (BMI) 36.0-36.9, adult
	Z68.37	Body mass index (BMI) 37.0-37.9, adult
	Z68.38	Body mass index (BMI) 38.0-38.9, adult
	Z68.39	Body mass index (BMI) 39.0-39.9, adult
	Z68.41	Body mass index (BMI) 40.0-44.9, adult
	Z68.42	Body mass index (BMI) 45.0-49.9, adult
	Z68.43	Body mass index (BMI) 50-59.9, adult
	Z68.44	Body mass index (BMI) 60.0-69.9, adult
	Z68.45	Body mass index (BMI) 70 or greater, adult
Complications	K95.01	Infection due to gastric band procedure
	K95.09	Other complications of gastric band procedure
	K95.81	Infection due to other bariatric procedure
	K95.89	Other complications of other bariatric procedure

Hospital Inpatient procedure coding

ICD-10-PCS procedure codes⁹ are used by hospitals to report procedures performed in the inpatient setting.

Gastric Bypass

Section 0 Medical and Surgical			
Body System D Gastrointestinal System			
Operation 1 Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	Approach	Device	Qualifier
1 Esophagus, Upper 2 Esophagus, Middle 3 Esophagus, Lower 5 Esophagus	0 Open 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	4 Cutaneous 6 Stomach 9 Duodenum A Jejunum B Ileum
1 Esophagus, Upper 2 Esophagus, Middle 3 Esophagus, Lower 5 Esophagus	3 Percutaneous	J Synthetic Substitute	4 Cutaneous
6 Stomach 9 Duodenum	0 Open 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	4 Cutaneous 9 Duodenum A Jejunum B Ileum L Transverse Colon
6 Stomach 9 Duodenum	3 Percutaneous	J Synthetic Substitute	4 Cutaneous
A Jejunum	0 Open 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	4 Cutaneous A Jejunum B Ileum H Cecum K Ascending Colon L Transverse Colon M Descending Colon N Sigmoid Colon P Rectum Q Anus
A Jejunum	3 Percutaneous	J Synthetic Substitute	4 Cutaneous
B Ileum	0 Open 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	4 Cutaneous B Ileum H Cecum K Ascending Colon L Transverse Colon M Descending Colon N Sigmoid Colon P Rectum Q Anus
B Ileum	3 Percutaneous	J Synthetic Substitute	4 Cutaneous

Gastric bypass from the stomach to the ileum

- 0D160ZB - Bypass stomach to ileum, open approach

Gastric bypass from the stomach to the jejunum, performed via laparoscopy

- 0D164ZA- Bypass stomach to jejunum, percutaneous endoscopic approach

Gastric Banding

Section 0 Medical and Surgical			
Body System D Gastrointestinal System			
Operation V Restriction: Partially closing an orifice or the lumen of a tubular body part			
Body Part	Approach	Device	Qualifier
1 Esophagus, Upper	0 Open	C Extraluminal Device	Z No Qualifier
2 Esophagus, Middle	3 Percutaneous	D Intraluminal Device	
3 Esophagus, Lower	4 Percutaneous Endoscopic	Z No Device	
4 Esophagogastric Junction			
5 Esophagus			
6 Stomach			
7 Stomach, Pylorus			
8 Small Intestine			
9 Duodenum			
A Jejunum			
B Ileum			
C Ileocecal Valve			
E Large Intestine			
F Large Intestine, Right			
G Large Intestine, Left			
H Cecum			
K Ascending Colon			
L Transverse Colon			
M Descending Colon			
N Sigmoid Colon			
P Rectum			

Sleeve Gastrectomy and Biliopancreatic Diversion

Section 0 Medical and Surgical			
Body System D Gastrointestinal System			
Operation B Excision: Cutting out or off, without replacement, a portion of a body part			
Body Part	Approach	Device	Qualifier
6 Stomach	0 Open	Z No Device	3 Vertical
	3 Percutaneous		X Diagnostic
	4 Percutaneous Endoscopic		Z No Qualifier
	7 Via Natural or Artificial Opening		
	8 Via Natural or Artificial Opening Endoscopic		

Vertical sleeve gastrectomy, via laparoscopic approach

- 0DB64Z3 - Excision of stomach, percutaneous endoscopic approach, vertical

For each procedure, multiple codes are assigned to represent the different components of the procedure, e.g., partial gastrectomy, re-routing, and anastomosis of the small intestine.

Biliopancreatic diversion, open

- 0DB60ZZ - Excision of stomach, open approach
- 0D160ZB - Bypass stomach to ileum, open approach

Pylorus-sparing biliopancreatic diversion with duodenal switch, open

- 0DB60ZZ - Excision of stomach, open approach
- 0D190ZB - Bypass duodenum to ileum, open approach

Revision of Gastric Band

Bariatric patients may require additional procedures, such as corrections to implanted devices or procedures for operative complications. Corrections to bariatric devices typically use a specific root operation:¹⁰

Section	0 Medical and Surgical		
Body System	D Gastrointestinal System		
Operation	W Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device		
Body Part	Approach	Device	Qualifier
6 Stomach	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Drainage Device 2 Monitoring Device 3 Infusion Device 7 Autologous Tissue Substitute C Extraluminal Device D Intraluminal Device J Synthetic Substitute K Nonautologous Tissue Substitute M Stimulator Lead U Feeding Device Z No Device	3 Vertical X Diagnostic Z No Qualifier

Repositioning gastric band via laparoscopy

- 0DW64CZ - Revision of extraluminal device of stomach, percutaneous endoscopic approach

Root operation Revision is used for correcting a device in some way. It is not used for the replacement of a device or routine band size adjustment by the introduction of fluid through the access port. It is also not used for correcting a complication of a prior surgical procedure.¹⁰

Dilation of Anastomotic Stricture

Section 0 Medical and Surgical			
Body System D Gastrointestinal System			
Operation 7 Dilation: Expanding an orifice or the lumen of a tubular body part			
Body Part	Approach	Device	Qualifier
1 Esophagus, Upper	0 Open	D Intraluminal Device	Z No Qualifier
2 Esophagus, Middle	3 Percutaneous	Z No Device	
3 Esophagus, Lower	4 Percutaneous Endoscopic		
4 Esophagogastric Junction	5 Via Natural or Artificial Opening		
5 Esophagus	7 Via Natural or Artificial Opening		
6 Stomach	Endoscopic		
7 Stomach, Pylorus			
8 Small Intestine			
9 Duodenum			
A Jejunum			
B Ileum			
C Ileocecal Valve			
E Large Intestine			
F Large Intestine, Right			
G Large Intestine, Left			
H Cecum			
K Ascending Colon			
L Transverse Colon			
M Descending Colon			
N Sigmoid Colon			
P Rectum			
Q Anus			

Ballooning of gastrojejunal stricture via EGD, status post-Roux-en-Y gastric bypass

- 0D768ZZ- Dilation of stomach, via natural or artificial opening endoscopic
- 0D7A8ZZ - Dilation of jejunum, via natural or artificial opening endoscopic

Assuming both sides of the anastomosis are dilated, both codes are assigned.

Robotic Assistance

Bariatric procedures are sometimes performed with robotic assistance. ICD-10-PCS provides separate codes for this, which are assigned in addition to the primary bariatric procedure codes. Note that the robotic assistance codes are found in a completely different section from the primary procedures.

Section 8 Other Procedures			
Body System E Physiological Systems and Anatomical Regions			
Operation 0 Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease			
Body Part	Approach	Device	Qualifier
9 Duodenum	0 Open	C Robotic-Assisted	Z No Qualifier
W Trunk Region	3 Percutaneous	Procedure	
	4 Percutaneous Endoscopic		
	7 Via Natural or Artificial Opening		
	8 Via Natural or Artificial Opening Endoscopic		

Hospital Inpatient DRG's for Bariatric Surgery

Under Medicare's MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Surgical supplies for bariatric procedures are typically included in the flat payment and are not paid separately. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS-DRGs shown are those typically assigned to the following scenarios when the patient is admitted specifically for the procedure.

When the inpatient admission was to perform the bariatric procedure, DRGs 619-621 are typically assigned based on a principal diagnosis of obesity. When the patient is admitted for procedures to address bariatric devices' complications or prior bariatric procedures, DRGs 326-328 are typically assigned based on a complication principal diagnosis.

DRG ¹¹	Description	FY 2022 Payment
Primary Bariatric Procedures		
619	OR Procedures for Obesity W MCC	\$20,190
620	OR Procedures for Obesity W CC	\$11,624
621	OR Procedures for Obesity W/O CC/MCC	\$10,532
Revisions and Other Procedures		
326	Stomach, Esophageal and Duodenal Procedures W MCC	\$35,057
327	Stomach, Esophageal and Duodenal Procedures W CC	\$16,912
328	Stomach, Esophageal and Duodenal Procedures W/O CC/MCC	\$10,992

For more information, contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or Rs.MedtronicMITGReimbursement@Medtronic.com

¹Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>

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³Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031) <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf> Published November 19, 2021. Physician Fee Schedule - January 2022 Release. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/rvu22a>

⁴Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477), <https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf> Published November 16, 2021. ASC Payment Rates - Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

⁵Code 43770 is for placement of both components. Placement of individual components is reported differently by physicians and hospital. Physicians may report 43770 with reduced services modifier -52; codes submitted with modifier -52 generally receive reduced payment after individual review of physician documentation required by the payer. Hospitals may report 43770 with hospital modifier -74, discontinued procedure after administration of anesthesia, which is also appended to indicate partially reduced procedures performed under anesthesia; codes submitted with modifier -74 continue to pay at 100% of the rate. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>

⁶For removal and replacement of both gastric band and subcutaneous port, assign code 43659, unlisted laparoscopy procedure, stomach. For physicians, code 43659 is contractor priced. For hospital outpatient, code 43659 maps to APC 5361, Level 1 Laparoscopy, Medicare national average \$4,834. Procedures which use unlisted codes such as 43659 are not permitted by Medicare in ASCs. CPT Assistant April 2006. Surgery: Digestive System -- Bariatric Surgery

⁷Code 43848 is used for open revision or reversal of gastric restrictive procedures, e.g., converting banding to gastric bypass, restapling a dehiscence of a staple restrictive line. CPT Assistant May 1998. Bariatric Surgery: Gastric Restrictive Procedures.

⁸Department of Health and Human Services, Centers for Disease Control and Prevention, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) <https://www.cdc.gov/nchs/icd/icd10cm.htm>

⁹ICD-10-PCS: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>

¹⁰2020 ICD-10-PCS Official Guidelines for Coding and Reporting. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-ICD-10-PCSGuidelines.pdf>

¹¹Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Final Rule, Federal Register (86 Fed. Reg. No. 154 44774-45615), <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf> Published August 13, 2021.

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