CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2841	**Date: December 23, 2013**
	Change Request 8484

Transmittal 2816, dated November 15, 2013, is being rescinded and replaced by Transmittal 2841, dated December 23, 2013 to add omitted ICD codes in section 150.5.1, Pub. 100-04 Claims Processing Manual, and to make technical corrections in sections 40.5, 100.8, 100.11 & 100.14, Pub. 100-03 NCD Manual. All other information remains the same.

SUBJECT: Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity

I. SUMMARY OF CHANGES: Effective for dates of service on and after September 24, 2013, facility certification shall no longer be required for coverage of covered bariatric surgery procedures.

EFFECTIVE DATE: September 24, 2013

IMPLEMENTATION DATE: December 17, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/150.1/General - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity
R	32/150.3/ICD Procedure Codes for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (A/MACs only)
R	32/150.4/ICD Diagnosis Codes for Bariatric Surgery
R	32/150.5/ICD Diagnosis Codes for BMI ≥35
N	32/150.5.1/ICD Codes for Type II Diabetes Mellitus Complication
R	32/150.6/Claims Guidance for Payment
R	32/150.8/A/MAC Billing Requirements

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal: 2841	Date: December 23, 2013	Change Request: 8484

Transmittal 2816, dated November 15, 2013, is being rescinded and replaced by Transmittal 2841, dated December 23, 2013 to add omitted ICD codes in section 150.5.1, Pub. 100-04 Claims Processing Manual, and to make technical corrections in sections 40.5, 100.8, 100.11 & 100.14, Pub. 100-03 NCD Manual. All other information remains the same.

SUBJECT: Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity

EFFECTIVE DATE: September 24, 2013

IMPLEMENTATION DATE: December 17, 2013

I. GENERAL INFORMATION

A. Background: This change request is due to a reconsideration of section 100.1 of the National Coverage Determination (NCD) Manual titled Bariatric Surgery for Treatment of Morbid Obesity. On January 24, 2013 the Centers for Medicare & Medicaid Services (CMS) initiated a national coverage analysis (NCA) for the reconsideration of the requirement that covered bariatric surgery procedures are only covered when performed in facilities that are certified. In addition, we decided to make some additional changes to the NCD which are defined in section B.

In 2006, CMS established a National Coverage Determination (NCD) on Bariatric Surgery for the Treatment of Morbid Obesity (NCD Manual Section 100.1).For Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity, and who have been previously unsuccessful with medical treatment for obesity, the following procedures were determined to be reasonable and necessary:

•open and laparoscopic Roux-en-Y gastric bypass (RYGBP);

•laparoscopic adjustable gastric banding (LAGB); and,

•open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS).

In addition, the NCD stipulates that these bariatric procedures are covered only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (Program Standards and requirements in effect on February 15, 2006).The 2006 NCD specifically non-covered open vertical banded gastroplasty, laparoscopic vertical banded gastroplasty, open sleeve gastrectomy, laparoscopic sleeve gastrectomy, and open adjustable gastric banding because there was a paucity of evidence to support claims of improved health outcomes from those procedures.

This NCA specifically addressed the need for the continuation of the requirement for facility certification by ACS or the AABS) currently the American Society for Metabolic and Bariatric Surgery (ASMBS).

B. Policy:
The CMS has determined that the evidence is sufficient to conclude that continuing the requirement for certification for bariatric surgery facilities would not improve health outcomes for Medicare beneficiaries.

Therefore, CMS removed this certification requirement.

CMS has determined that no changes be made to the bariatric surgery procedures that are deemed covered in section 100.1 of the National Coverage Determination (NCD) Manual.

CMS changed the title to better reflect the scope of the NCD and to make it clear in the manual that under the existing policy the local Medicare Administrative Contractors have the authority to make coverage decisions for any bariatric surgery procedures not specifically identified as covered or non-covered by an NCD.

In addition, to the proposed decision above, CMS is renumbering and consolidating its manual for section 100.1. This is an administrative change only to make it easier for the public to read and understand the NCD manual. There is no change in coverage because of the renumbering and consolidation.

- The additional NCDs related to bariatric surgery are consolidated and subsumed into section 100.1 of the NCD Manual. These include sections 40.5, 100.8, 100.11 and 100.14.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8484-04.1	Effective for dates of service on and after September 24, 2013, contractors shall remove any edits that require certified facility requirements for claims for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity.	X	X										
8484-04.2	Contractors shall make note of the new title and change in requirement 8484.1 noted in Publication 100-04, Chapter 32, Section 150.	X	X										
8484-04.3	Effective for bariatric surgery for treatment of co-morbid conditions related to morbid obestity claims with dates of service on and after September 24, 2013, contractors shall not search for claims, but shall adjust any claims processed inappropriately as a result of this CR if brought to their attention.	X	X										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B MAC			DME MAC	FI	CARRIER	RHHI	Other
		A	B	HHH					
8484-04.4	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): chanelle jones, 410-786-9668 or chanelle.jones@cms.hhs.gov (Practitioner Part B) , Deirdre O'Connor, 410-786-3263 or Deirdre.Oconnor@cms.hhs.gov (Coverage) , Patricia Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov (Coverage) , Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (coverage) , Yvette Cousar, 410-786-2160 or yvette.cousar@cms.hhs.gov (Practitioner Part B) , Shauntari Cheely, 410-786-1818 or shauntari.cheely@cms.hhs.gov (Institutional Claims)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Claims Processing Manual
Chapter 32 – Billing Requirements for Special Services

150.1 - General
(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity

Effective for services on or after February 21, 2006, Medicare has determined that the following bariatric surgery procedures are reasonable and necessary under certain conditions for the treatment of morbid obesity. The patient must have a body-mass index (BMI) *≥35*, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity. This medical information must be documented in the patient's medical record. In addition, the procedure must be performed at an approved facility. A list of approved facilities may be found *at http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Bariatric-Surgery.html*

Effective for services performed on and after February 12, 2009, Medicare has determined that Type 2 diabetes mellitus is a co-morbidity for purposes of processing bariatric surgery claims.

Effective for dates of service on and after September 24, 2013, the Centers for Medicare & Medicaid Services (CMS) has removed the certified facility requirements for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity.

Please note the additional national coverage determinations related to bariatric surgery will be consolidated and subsumed into Publication 100-03, Chapter 1, section 100.1. These include sections 40.5, 100.8, 100.11 and 100.14.

Open Roux-en-Y gastric bypass (RYGBP)
Laparoscopic Roux-en-Y gastric bypass (RYGBP)
Laparoscopic adjustable gastric banding (LAGB)
Open biliopancreatic diversion with duodenal switch (BPD/DS) *or gastric reduction duodenal switch (BPD/GRDS)*
Laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) *or gastric reduction duodenal switch (BPD/GRDS)*
Laparoscopic sleeve gastrectomy *(LSG)* (Effective June 27, 2012, covered at *Medicare Administrative Contractor (MAC) discretion.*

150.3 - ICD Procedure Codes for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (A/MACs only)
(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

Covered ICD Procedure Codes

For services on or after February 21, 2006, the following *independent* ICD-9/*ICD-10* procedure codes are covered for bariatric surgery:

44.38 - Laparoscopic gastroenterostomy (laparoscopic Roux-en-Y), *or*

0D16479	*Bypass Stomach to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1647A	*Bypass Stomach to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1647B	*Bypass Stomach to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1647L	*Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D164J9	*Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D164JA	*Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D164JB	*Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D164JL	*Bypass Stomach to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D164K9	*Bypass Stomach to Duodenum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D164KA	*Bypass Stomach to Jejunum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D164KB	*Bypass Stomach to Ileum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D164KL	*Bypass Stomach to Transverse Colon with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D164Z9	*Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach*
0D164ZA	*Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach*
0D164ZB	*Bypass Stomach to Ileum, Percutaneous Endoscopic Approach*
0D164ZL	*Bypass Stomach to Transverse Colon, Percutaneous Endoscopic Approach*

44.39 - Other gastroenterostomy (open Roux-en-Y), *or*

0D16079	*Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach*
0D1607A	*Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach*
0D1607B	*Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach*
0D1607L	*Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach*
0D160J9	*Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach*
0D160JA	*Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach*
0D160JB	*Bypass Stomach to Ileum with Synthetic Substitute, Open Approach*
0D160JL	*Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach*
0D160K9	*Bypass Stomach to Duodenum with Non-autologous Tissue Substitute, Open Approach*
0D160KA	*Bypass Stomach to Jejunum with Non-autologous Tissue Substitute, Open Approach*
0D160KB	*Bypass Stomach to Ileum with Non-autologous Tissue Substitute, Open Approach*
0D160KL	*Bypass Stomach to Transverse Colon with Non-autologous Tissue Substitute, Open Approach*
0D160Z9	*Bypass Stomach to Duodenum, Open Approach*
0D160ZA	*Bypass Stomach to Jejunum, Open Approach*

0D160ZB	*Bypass Stomach to Ileum, Open Approach*
0D160ZL	*Bypass Stomach to Transverse Colon, Open Approach*
0D16879	*Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1687A	*Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1687B	*Bypass Stomach to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1687L	*Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D168J9	*Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D168JA	*Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D168JB	*Bypass Stomach to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D168JL	*Bypass Stomach to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D168K9	*Bypass Stomach to Duodenum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D168KA	*Bypass Stomach to Jejunum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D168KB	*Bypass Stomach to Ileum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D168KL	*Bypass Stomach to Transverse Colon with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D168Z9	*Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic*
0D168ZA	*Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic*
0D168ZB	*Bypass Stomach to Ileum, Via Natural or Artificial Opening Endoscopic*
0D168ZL	*Bypass Stomach to Transverse Colon, Via Natural or Artificial Opening Endoscopic*

44.95 - Laparoscopic gastric restrictive procedure (laparoscopic adjustable gastric band and port insertion), or *0DV64CZ – Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach*

To describe either laparoscopic or open BPD with DS *or GRDS, one code from each of the following three groups* must be on the claim:

Group 1: 43.89 – *Open and* other partial gastrectomy, *or*

0DB60Z3	*Excision of Stomach, Open Approach, Vertical*
0DB60ZZ	*Excision of Stomach, Open Approach*
0DB63Z3	*Excision of Stomach, Percutaneous Approach, Vertical*
0DB63ZZ	*Excision of Stomach, Percutaneous Approach*
0DB67Z3	*Excision of Stomach, Via Natural or Artificial Opening, Vertical*
0DB67ZZ	*Excision of Stomach, Via Natural or Artificial Opening*
0DB68Z3	*Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Vertical*

Group 2: 45.51 - Isolation of segment of small intestine *(Note: 45.51 translates to a cluster in ICD-10: One code from A-C below is required for a correct equivalent), or*

0DB80ZZ	*Excision of Small Intestine, Open Approach - A*
0DB90ZZ	*Excision of Duodenum, Open Approach - A*
0DBB0ZZ	*Excision of Ileum, Open Approach - A*

0D160ZB	*Bypass Stomach to Ileum, Open Approach - B*
0F190Z3	*Bypass Common Bile Duct to Duodenum, Open Approach - C*

Group 3: 45.91 – *Small-to-small* intestinal anastomosis *or*

0D19079	*Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Open Approach*
0D1907A	*Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Open Approach*
0D1907B	*Bypass Duodenum to Ileum with Autologous Tissue Substitute, Open Approach*
0D190J9	*Bypass Duodenum to Duodenum with Synthetic Substitute, Open Approach*
0D190JA	*Bypass Duodenum to Jejunum with Synthetic Substitute, Open Approach*
0D190JB	*Bypass Duodenum to Ileum with Synthetic Substitute, Open Approach*
0D190K9	*Bypass Duodenum to Duodenum with Non-autologous Tissue Substitute, Open Approach*
0D190KA	*Bypass Duodenum to Jejunum with Non-autologous Tissue Substitute, Open Approach*
0D190KB	*Bypass Duodenum to Ileum with Non-autologous Tissue Substitute, Open Approach*
0D190Z9	*Bypass Duodenum to Duodenum, Open Approach*
0D190ZA	*Bypass Duodenum to Jejunum, Open Approach*
0D190ZB	*Bypass Duodenum to Ileum, Open Approach*
0D19479	*Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1947A	*Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1947B	*Bypass Duodenum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D194J9	*Bypass Duodenum to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D194JA	*Bypass Duodenum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D194JB	*Bypass Duodenum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D194K9	*Bypass Duodenum to Duodenum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D194KA	*Bypass Duodenum to Jejunum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D194KB	*Bypass Duodenum to Ileum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D194Z9	*Bypass Duodenum to Duodenum, Percutaneous Endoscopic Approach*
0D194ZA	*Bypass Duodenum to Jejunum, Percutaneous Endoscopic Approach*
0D194ZB	*Bypass Duodenum to Ileum, Percutaneous Endoscopic Approach*
0D19879	*Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1987A	*Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1987B	*Bypass Duodenum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D198J9	*Bypass Duodenum to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D198JA	*Bypass Duodenum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*

0D198JB	Bypass Duodenum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D198K9	Bypass Duodenum to Duodenum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198KA	Bypass Duodenum to Jejunum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198KB	Bypass Duodenum to Ileum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198Z9	Bypass Duodenum to Duodenum, Via Natural or Artificial Opening Endoscopic
0D198ZA	Bypass Duodenum to Jejunum, Via Natural or Artificial Opening Endoscopic
0D198ZB	Bypass Duodenum to Ileum, Via Natural or Artificial Opening Endoscopic
0D1A07A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Open Approach
0D1A07B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Open Approach
0D1A0JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Open Approach
0D1A0JB	Bypass Jejunum to Ileum with Synthetic Substitute, Open Approach
0D1A0KA	Bypass Jejunum to Jejunum with Non-autologous Tissue Substitute, Open Approach
0D1A0KB	Bypass Jejunum to Ileum with Non-autologous Tissue Substitute, Open Approach
0D1A0ZA	Bypass Jejunum to Jejunum, Open Approach
0D1A0ZB	Bypass Jejunum to Ileum, Open Approach
0D1A47A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JB	Bypass Jejunum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4KA	Bypass Jejunum to Jejunum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KB	Bypass Jejunum to Ileum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4ZA	Bypass Jejunum to Jejunum, Percutaneous Endoscopic Approach
0D1A4ZB	Bypass Jejunum to Ileum, Percutaneous Endoscopic Approach
0D1A87A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JB	Bypass Jejunum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KA	Bypass Jejunum to Jejunum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KB	Bypass Jejunum to Ileum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8ZA	Bypass Jejunum to Jejunum, Via Natural or Artificial Opening Endoscopic
0D1A8ZB	Bypass Jejunum to Ileum, Via Natural or Artificial Opening Endoscopic
0D1A8ZH	Bypass Jejunum to Cecum, Via Natural or Artificial Opening Endoscopic
0D1B07B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Open Approach

0D1B0JB	*Bypass Ileum to Ileum with Synthetic Substitute, Open Approach*
0D1B0KB	*Bypass Ileum to Ileum with Non-autologous Tissue Substitute, Open Approach*
0D1B0ZB	*Bypass Ileum to Ileum, Open Approach*
0D1B47B	*Bypass Ileum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1B4JB	*Bypass Ileum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach*
0D1B4KB	*Bypass Ileum to Ileum with Non-autologous Tissue Substitute, Percutaneous Endoscopic Approach*
0D1B4ZB	*Bypass Ileum to Ileum, Percutaneous Endoscopic Approach*
0D1B87B	*Bypass Ileum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1B8JB	*Bypass Ileum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic*
0D1B8KB	*Bypass Ileum to Ileum with Non-autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic*
0D1B8ZB	*Bypass Ileum to Ileum, Via Natural or Artificial Opening Endoscopic*
0D1B8ZH	*Bypass Ileum to Cecum, Via Natural or Artificial Opening Endoscopic*

NOTE: There is no distinction between open and laparoscopic BPD with DS *or GRDS* for the inpatient setting. For either approach, *one code from each of the above three groups* must appear on the claim to be covered.

Effective June 27, 2012, the following ICD-9/*ICD-10* procedure code is covered for bariatric surgery *at contractor discretion:*

43.82 - Laparoscopic sleeve gastrectomy/*0DB64Z3 Excision of stomach, percutaneous endoscopic approach, vertical*

150.4 - ICD Diagnosis Codes for Bariatric Surgery

(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

For services on or after February 21, 2006, the following ICD-9/*ICD-10* diagnosis code is covered for bariatric surgery if certain other conditions are met:

278.01 - Morbid obesity; severe obesity/*E66.01 - Morbid (severe) obesity due to excess calories*

Effective for services performed on and after February 12, 2009, type 2 diabetes mellitus (T2DM) is considered a comorbid condition related to morbid obesity for covered bariatric surgery procedures in Medicare beneficiaries with a BMI ≥35. When T2DM is the comorbid condition related to morbid obesity, the claim must include a covered ICD procedure code, ICD diagnosis code 278.01 as a primary diagnosis, a covered ICD diagnosis code indicating T2DM as a secondary diagnosis, and an ICD diagnosis code indicating a BMI ≥ 35 as a secondary diagnosis.

150.5 - ICD Diagnosis Codes for BMI ≥35

(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

The following ICD-9 diagnosis codes identify *BMI ≥35:*

V85.35 - Body Mass Index 35.0-35.9, adult
V85.36 - Body Mass Index 36.0-36.9, adult
V85.37 - Body Mass Index 37.0-37.9, adult

V85.38 - Body Mass Index 38.0-38.9, adult
V85.39 - Body Mass Index 39.0-39.9, adult
V85.41 - Body Mass Index 40.0-44.9, adult
V85.42 - Body Mass Index 45.0-49.9, adult
V85.43 - Body Mass Index 50.0-59.9, adult
V85.44 - Body Mass Index 60.0-69.9, adult
V85.45 - Body Mass Index 70.0 and over, adult

The following ICD-10 diagnosis codes identify *BMI ≥35:*

Z68.35 - Body Mass Index 35.0-35.9, adult
Z68.36 - Body Mass Index 36.0-36.9, adult
Z68.37 - Body Mass Index 37.0-37.9, adult
Z68.38 - Body Mass Index 38.0-38.9, adult
Z68.39 - Body Mass Index 39.0-39.9, adult
Z68.41 - Body Mass Index 40.0-44.9, adult
Z68.42 - Body Mass Index 45.0-49.9, adult
Z68.43 - Body Mass Index 50.0-59.9, adult
Z68.44 - Body Mass Index 60.0-69.9, adult
Z68.45 - Body Mass Index 70.0 and over, adult

150.5.1 – ICD Codes for Type II Diabetes Mellitus Complication

(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled/E11.9 Type 2 diabetes mellitus without complications
250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled/E13.9 Other specified diabetes mellitus without complications
250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled/E11.65Type 2 diabetes mellitus with hyperglycemia
250.10 Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled/E13.10 Other specified diabetes mellitus with ketoacidosis without coma
250.12 Diabetes with ketoacidosis, type II or unspecified type, uncontrolled/E11.69 Type 2 diabetes mellitus with other specified complication
250.12 Diabetes with ketoacidosis, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled/E11.00Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled/E11.01Type 2 diabetes mellitus with hyperosmolarity with coma
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled/E13.00 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled/E13.01Other specified diabetes mellitus with hyperosmolarity with coma
250.22 Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled/E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.22 Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.30 Diabetes with other coma, type II or unspecified type, not stated as uncontrolled/E11.641Type 2 diabetes mellitus with hypoglycemia with coma
250.30 Diabetes with other coma, type II or unspecified type, not stated as uncontrolled/E13.11Other specified diabetes mellitus with ketoacidosis with coma

250.30 Diabetes with other coma, type II or unspecified type, not stated as uncontrolled/E13.641Other specified diabetes mellitus with hypoglycemia with coma
250.32 Diabetes with other coma, type II or unspecified type, uncontrolled/E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma
250.32 Diabetes with other coma, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E11.21 Type 2 diabetes mellitus with diabetic nephropathy
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E11.29 Type 2 diabetes mellitus with other diabetic kidney complication
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E13.2 Other specified diabetes mellitus with diabetic nephropathy
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E13.22 Other specified diabetes mellitus with diabetic chronic kidney disease
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled/E13.29 Other specified diabetes mellitus with other diabetic kidney complication
250.42 Diabetes with renal manifestations, type II or unspecified type, uncontrolled/E11.21Type 2 diabetes mellitus with diabetic nephropathy
250.42 Diabetes with renal manifestations, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.349 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.36 Type 2 diabetes mellitus with diabetic cataract
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication

250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.321 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.329 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.339 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.341 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.349 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.36 Other specified diabetes mellitus with diabetic cataract
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled/E13.39 Other specified diabetes mellitus with other diabetic ophthalmic complication
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled/E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled/E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled/E11.36 Type 2 diabetes mellitus with diabetic cataract
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled/E11.39Type 2 diabetes mellitus with other diabetic ophthalmic complication
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled/ E11.65Type 2 diabetes mellitus with hyperglycemia
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.44 Type 2 diabetes mellitus with diabetic amyotrophy

250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.49 Type 2 diabetes mellitus with other diabetic neurological complication
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.40 Other specified diabetes mellitus with diabetic neuropathy, unspecified
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.41 Other specified diabetes mellitus with diabetic mononeuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.42 Other specified diabetes mellitus with diabetic polyneuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.43 Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.44 Other specified diabetes mellitus with diabetic amyotrophy
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.49 Other specified diabetes mellitus with other diabetic neurological complication
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled/E13.610 Other specified diabetes mellitus with diabetic neuropathic arthropathy
250.62 Diabetes with neurological manifestations, type II or unspecified type, uncontrolled/E11.40Type 2 diabetes mellitus with diabetic neuropathy, unspecified
250.62 Diabetes with neurological manifestations, type II or unspecified type, uncontrolled/E11.65Type 2 diabetes mellitus with hyperglycemia
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E11.59 Type 2 diabetes mellitus with other circulatory complications
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E13.51 Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E13.52 Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled/E13.59 Other specified diabetes mellitus with other circulatory complications
250.72 Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled/E11.51Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
250.72 Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled/E11.65Type 2 diabetes mellitus with hyperglycemia
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.618 Type 2 diabetes mellitus with other diabetic arthropathy
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.620 Type 2 diabetes mellitus with diabetic dermatitis
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.621 Type 2 diabetes mellitus with foot ulcer
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.622 Type 2 diabetes mellitus with other skin ulcer
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.628 Type 2 diabetes mellitus with other skin complications
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.630 Type 2 diabetes mellitus with periodontal disease
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.638 Type 2 diabetes mellitus with other oral complications
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.649 Type 2 diabetes mellitus with hypoglycemia without coma

250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E11.69 Type 2 diabetes mellitus with other specified complication
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.618 Other specified diabetes mellitus with other diabetic arthropathy
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.620 Other specified diabetes mellitus with diabetic dermatitis
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.621 Other specified diabetes mellitus with foot ulcer
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.622 Other specified diabetes mellitus with other skin ulcer
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.628 Other specified diabetes mellitus with other skin complications
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.630 Other specified diabetes mellitus with periodontal disease
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.638 Other specified diabetes mellitus with other oral complications
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.649 Other specified diabetes mellitus with hypoglycemia without coma
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.65 Other specified diabetes mellitus with hyperglycemia
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled/E13.69 Other specified diabetes mellitus with other specified complication
250.82 Diabetes with other specified manifestations, type II or unspecified type, uncontrolled/E11.69 Type 2 diabetes mellitus with other specified complication
250.82 Diabetes with other specified manifestations, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia
250.90 Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled/E11.8 Type 2 diabetes mellitus with unspecified complications
250.90 Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled/E13.8 Other specified diabetes mellitus with unspecified complications
250.92 Diabetes with unspecified complication, type II or unspecified type, uncontrolled/E11.8 Type 2 diabetes mellitus with unspecified complications
250.92 Diabetes with unspecified complication, type II or unspecified type, uncontrolled/E11.65 Type 2 diabetes mellitus with hyperglycemia

150.6 - Claims Guidance for Payment

(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

Covered Bariatric Surgery Procedures for Treatment of Co-Morbid Conditions Related to Morbid Obesity

Contractors shall process covered bariatric surgery claims as follows:

1. Identify bariatric surgery claims.

Contractors identify inpatient bariatric surgery claims by the presence of ICD-9/*ICD-10* diagnosis code 278.01/*E66.01*as the primary diagnosis (for morbid obesity) and one of the covered ICD-9/*ICD-10* procedure codes listed in §150.3.

Contractors identify practitioner bariatric surgery claims by the presence of ICD-9/*ICD-10* diagnosis code 278.01/*E66.01* as the primary diagnosis (for morbid obesity) and one of the covered HCPCS procedure codes listed in §150.2.

2. Perform facility certification validation for all bariatric surgery claims on a pre-pay basis *up to and including date of service September 23, 2013*.

A list of approved facilities *are found at the link noted in section 150.1, section A, above.*

3. Review bariatric surgery claims data and determine whether a pre- or post-pay sample of bariatric surgery claims need further review to assure that the beneficiary has a BMI ≥35 (V85.35-V85.45*/Z68.35-Z68.45*) (see ICD-10 equivalents above in section 150.5), and at least one co-morbidity related to obesity

The *A/B MAC* medical director may define the appropriate method for addressing the obesity-related co-morbid requirement.

Effective for dates of service on and after September 24, 2013, CMS has removed the certified facility requirements for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity.

NOTE: If ICD-9/*ICD-10* diagnosis code 278.01*/E66.01* is present, but a covered procedure code (listed in §150.2 or §150.3) is/are not present, the claim is not for bariatric surgery and should be processed under normal procedures.

150.8 – A/MAC Billing Requirements

(Rev.2841, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)

The *A/MAC billing requirements* will pay for bariatric surgery only when the services are submitted on the following type of bill (TOB): 11X. *Type of facility and setting determines the basis of payment:*

- For services performed in *Indian Health Services* inpatient hospitals, TOB 11X *under the inpatient prospective payment system (*IPPS*)* is based on the *diagnosis-related group (*DRG*)*.
- For services performed in inpatient hospitals, TOB 11X under IPPS is based on the DRG.
- For services performed in IHS critical access hospitals *(CAHs),* TOB 11X, payment is based on 101% facility specific per diem rate.
- For services performed in CAH inpatient hospitals, TOB 11X, payment is based on 101% of reasonable cost.