

# Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

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|----------------------|-------|--------------------|--|------------------------------|------------|

## IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation.

Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

## Summary

### Overview

Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements, as a result of an excessive accumulation of fat in the body. In general, 20% to 30% above "ideal" body weight, according to standard life insurance tables, constitutes obesity. Body mass index (BMI) is a method used to quantitatively evaluate body fat by reflecting the presence of excess adipose tissue. Individuals who may be considered as candidates for gastrointestinal surgery include those with a BMI above 35 who suffer from Type II diabetes or life-threatening cardiopulmonary problems such as severe sleep apnea or obesity-related heart disease. Morbid obesity is further defined as a condition of consistent and uncontrollable weight gain.

Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions. Certain designated surgical services for the treatment of obesity are covered for Medicare beneficiaries who have a BMI  $\geq 35$ , have at least one co-morbidity related to obesity and have been previously unsuccessful with the medical treatment of obesity.

In addition, supplemented fasting is a type of very low calorie weight reduction regimen used to achieve rapid weight loss. The reduced calorie intake is supplemented by a mixture of protein, carbohydrates, vitamins, and minerals. Serious questions exist about the safety of prolonged adherence for 2 months or more to a very low calorie weight reduction regimen as a general treatment for obesity, because of instances of cardiopathology and sudden death, as well as possible loss of body protein.

Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

The following are descriptions of bariatric surgery procedures:

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## 1. Roux-en-Y Gastric Bypass (RYGBP):

The RYGBP achieves weight loss by gastric restriction and malabsorption. Reduction of the stomach to a small gastric pouch (30 cc) results in feelings of satiety following even small meals. This small pouch is connected to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, thereby reducing absorption. RYGBP procedures can be open or laparoscopic.

## 2. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS):

The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients eat relatively normal-sized meals and do not need to restrict intake radically, since the most proximal areas of the small intestine (i.e., the duodenum and jejunum) are bypassed, and substantial malabsorption occurs. The partial BPD/DS or BPD/GRDS is a variant of the BPD procedure. It involves resection of the greater curvature of the stomach, preservation of the pyloric sphincter, and transection of the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis. BPD/DS or BPD/GRDS procedures can be open or laparoscopic.

## 3. Adjustable Gastric Banding (AGB):

AGB achieves weight loss by gastric restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port that is positioned beneath the skin. The bands are adjustable, allowing the size of the gastric outlet to be modified as needed, depending on the rate of a patient's weight loss. AGB procedures are laparoscopic only.

## 4. Sleeve Gastrectomy:

Sleeve gastrectomy is a 70%-80% greater curvature gastrectomy (sleeve resection of the stomach) with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. It may be the first step in a two-stage procedure when performing RYGBP. Sleeve gastrectomy procedures can be open or laparoscopic.

## 5. Vertical Gastric Banding (VGB):

The VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. In addition, a non-adjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma (opening). As a result, patients experience a sense of fullness after eating small meals. Weight loss from this procedure results entirely from eating less. VGB procedures are essentially no longer performed.

## Nationally Covered Indications

Effective for services performed on and after February 21, 2006, Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

Effective for dates of service on and after February 21, 2006, these procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (program standards and requirements in effect on February 15, 2006). Effective for dates of service on and after September 24, 2013, facilities are no longer required to be certified.

Effective for services performed on and after February 12, 2009, the Centers for Medicare & Medicaid Services (CMS) determine that Type 2 diabetes mellitus is co-morbidity for purposes of this NCD.

A list of approved facilities and their approval dates are listed and maintained on the CMS Coverage Web site at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Bariatric-Surgery.html>, and published in the Federal Register **for services provided up to and including date of service September 23, 2013**.

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## Nationally Non-Covered Indications

Treatments for obesity alone remain non-covered.

Supplemented fasting is not covered under the Medicare program as a general treatment for obesity.

## The following bariatric surgery procedures are non-covered for all Medicare beneficiaries:

- Open adjustable gastric banding;
- Open and laparoscopic sleeve gastrectomy;
- Open and laparoscopic vertical banded gastroplasty;
- Intestinal bypass surgery; and
- Gastric balloon for treatment of obesity (since the long term safety and efficacy of the device in the treatment of obesity has not been established)

## Reimbursement Guidelines

Effective for services performed on and after June 27, 2012, Medicare Administrative Contractors (MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions a.-c. are satisfied.

- a. The beneficiary has a body-mass index (BMI)  $\geq 35 \text{ kg/m}^2$ ,
- b. The beneficiary has at least one co-morbidity related to obesity, and,
- c. The beneficiary has been previously unsuccessful with medical treatment for obesity.

The determination of coverage for any bariatric surgery procedures that are not specifically identified in an NCD as covered or non-covered, for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local MACs.

Where weight loss is necessary before surgery in order to ameliorate the complications posed by obesity when it coexists with pathological conditions such as cardiac and respiratory diseases, diabetes, or hypertension (and other more conservative techniques to achieve this end are not regarded as appropriate), supplemented fasting with adequate monitoring of the patient is eligible for coverage on a case-by-case basis or pursuant to a local coverage determination. The risks associated with the achievement of rapid weight loss must be carefully balanced against the risk posed by the condition requiring surgical treatment.

## Regulatory Updates

Prior to June 27, 2012, the laparoscopic sleeve gastrectomy was a non-covered surgical procedure for Medicare beneficiaries. On June 27, 2012 CMS issued the following decision memo:

### Excerpt from Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2) Decision Summary:

Medicare Administrative Contractors acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions A-C are satisfied.

- A. The beneficiary has a body-mass index (BMI)  $> 35 \text{ kg/m}^2$ ,
- B. The beneficiary has at least one co-morbidity related to obesity, and
- C. The beneficiary has been previously unsuccessful with medical treatment for obesity.

1. Laparoscopic sleeve gastrectomy will be covered if all the requirements of the NCD, including the June 2012 Decision Memo and all its diagnoses as coded in the LCD are met.
2. HCPCS code 43775 (lap sleeve gastrectomy) was previously a Non-covered Service (N). Effective June 27, 2012 HCPCS code 43775 is Carrier Priced (C).

### Excerpt from Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity - Facility Certification Requirement (CAG-00250R3) Decision Summary:

The Centers for Medicare & Medicaid Services (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 has decided to remove this certification requirement effective for dates of service on or after September 25, 2013.

CMS also decided that no changes be made to the bariatric surgery procedures that are deemed covered in

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section 100.1 of the National Coverage Determination (NCD) Manual. The evidence continues to support that 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) continue to be reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI)  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

The local Medicare Administrative Contractors have the authority to make coverage decisions for certain patients for any bariatric surgery procedures not specifically identified as covered or non-covered by an NCD.

### CPT/HCPCS Codes

| Code  | Description  |
|-------|--|
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)   |
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption   |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)   |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only   |
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only  |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only  |
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components  |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)  |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty ( <b>Not Covered By Medicare</b> )   |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty ( <b>Not Covered By LCDs</b> )  |
| 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenalostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy  |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption   |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)   |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only  |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only   |
| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only   |

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| 43999   | <p>Unlisted procedure, stomach</p> <p><b>Used to bill (for contractor non-covered instances)</b></p> <ul style="list-style-type: none"> <li>• <b>Laparoscopic vertical banded gastroplasty,</b></li> <li>• <b>Open sleeve gastrectomy,</b></li> <li>• <b>Open adjustable gastric banding</b></li> <li>• <b>Laparoscopic sleeve gastrectomy</b></li> </ul>   |
| <b>Codes Related to Treatment/Evaluation of Obesity by Providers Other than a Surgeon</b> |   |
| 99201   | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family                            |
| 99202   | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 99203   | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.  |
| 99204   | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.                 |
| 99205   | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.                     |
| 99211   | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.  |
| 99212   | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.   |

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|       | Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.  |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.                          |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.                    |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes (See NCD 210.12 Intensive Behavioral Therapy for Obesity)  |

### ICP/PCS Codes

\*ICP Code 43.82 should be billed with CPT Code 43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

\*\*ICP Codes 43.89, 45.51, and 45.91 must be billed together for laparoscopic or open BPD with DS (Biliopancreatic Diversion with Duodenal Switch).

| ICP Code | Description   | PCS Code | Description   |
|----------|---|----------|---|
| 43.82*   | Laparoscopic vertical (sleeve) gastrectomy  | 0DB64Z3  | Excision of Stomach, Percutaneous Endoscopic Approach, Vertical             |
| 43.89**  | Open and other partial gastrectomy (Non-covered when used to bill for open and laparoscopic sleeve gastrectomy) | 0DB60ZZ  | Excision of Stomach, Open Approach  |
|          |   | 0DB63ZZ  | Excision of Stomach, Percutaneous Approach                                  |
|          |   | 0DB67ZZ  | Excision of Stomach, Via Natural or Artificial Opening                      |
|          |   | 0DB60Z3  | Excision of Stomach, Open Approach, Vertical                                |
|          |   | 0DB63Z3  | Excision of Stomach, Percutaneous Approach, Vertical                        |
|          |   | 0DB67Z3  | Excision of Stomach, Via Natural or Artificial Opening, Vertical            |
|          |   | 0DB68Z3  | Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Vertical |
| 44.31    | High gastric bypass   | 0D1607A  | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach  |
|          |   | 0D160JA  | Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach          |

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|       |  |         |  |
|-------|--|---------|--|
|       |  | OD160KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach                                |
|       |  | OD160ZA | Bypass Stomach to Jejunum, Open Approach   |
|       |  | OD1687A | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic    |
|       |  | OD168JA | Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic            |
|       |  | OD168KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
|       |  | OD168ZA | Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic                                      |
| 44.38 | Laparoscopic gastroenterostomy (Bariatric Surgery) | OD16479 | Bypass Stomach to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach               |
|       |  | OD1647A | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                |
|       |  | OD164J9 | Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach                       |
|       |  | OD164JA | Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach                        |
|       |  | OD164K9 | Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach            |
|       |  | OD164KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach             |
|       |  | OD164Z9 | Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach   |
|       |  | OD164ZA | Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach  |
|       |  | OD1647B | Bypass Stomach to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                  |
|       |  | OD1647L | Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach       |
|       |  | OD164JB | Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach                          |
|       |  | OD164JL | Bypass Stomach to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach               |
|       |  | OD164KB | Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach               |

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|       |   |         |   |
|-------|---|---------|---|
|       |   | OD164KL | Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach     |
|       |   | OD164ZB | Bypass Stomach to Ileum, Percutaneous Endoscopic Approach   |
|       |   | OD164ZL | Bypass Stomach to Transverse Colon, Percutaneous Endoscopic Approach  |
| 44.39 | Other gastroenterostomy without gastrectomy (Bariatric Surgery) | OD16079 | Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach                                   |
|       |   | OD1607A | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach                                    |
|       |   | OD160J9 | Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach   |
|       |   | OD160JA | Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach  |
|       |   | OD160K9 | Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach                                |
|       |   | OD160KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach                                 |
|       |   | OD160Z9 | Bypass Stomach to Duodenum, Open Approach   |
|       |   | OD160ZA | Bypass Stomach to Jejunum, Open Approach  |
|       |   | OD16879 | Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic    |
|       |   | OD1687A | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic     |
|       |   | OD168J9 | Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic            |
|       |   | OD168JA | Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic             |
|       |   | OD168K9 | Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
|       |   | OD168KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic  |
|       |   | OD168Z9 | Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic                                      |
|       |   | OD168ZA | Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic                                       |
|       |   | OD1607B | Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach                                      |
|       |   | OD1607L | Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach                           |
|       |   | OD160JB | Bypass Stomach to Ileum with Synthetic Substitute, Open Approach  |

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|-------|--|---------|---|
|       |  | 0D160JL | Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach   |
|       |  | 0D160KB | Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach   |
|       |  | 0D160KL | Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Open Approach                                |
|       |  | 0D160ZB | Bypass Stomach to Ileum, Open Approach  |
|       |  | 0D160ZL | Bypass Stomach to Transverse Colon, Open Approach   |
|       |  | 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    |
|       |  | 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            |
|       |  | 0D168KB | Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic            |
|       |  | 0D168KL | Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, 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                                      |
| 44.68 | Laparoscopic gastroplasty (vertical banded gastroplasty) (Non-covered when used to bill for open adjustable gastric banding and laparoscopic vertical banded gastroplasty) | 0DQ64ZZ | Repair Stomach, Percutaneous Endoscopic Approach  |
|       |  | 0DV64CZ | Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach                                     |
| 44.69 | Inversion of gastric diverticulum. Repair of stomach NOS (Non-covered when used to bill for open vertical banded gastroplasty)   | 0DQ60ZZ | Repair Stomach, Open Approach   |
|       |  | 0DQ63ZZ | Repair Stomach, Percutaneous Approach   |
|       |  | 0DQ67ZZ | Repair Stomach, Via Natural or Artificial Opening   |
|       |  | 0DQ68ZZ | Repair Stomach, Via Natural or Artificial Opening Endoscopic  |
|       |  | 0DV60CZ | Restriction of Stomach with Extraluminal Device, Open Approach  |
|       |  | 0DV60DZ | Restriction of Stomach with Intraluminal Device, Open Approach  |
|       |  | 0DV60ZZ | Restriction of Stomach, Open Approach   |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|  |         |  |
|--|---------|--|
|  | ODV63CZ | Restriction of Stomach with Extraluminal Device, Percutaneous Approach                     |
|  | ODV63DZ | Restriction of Stomach with Intraluminal Device, Percutaneous Approach                     |
|  | ODV63ZZ | Restriction of Stomach, Percutaneous Approach  |
|  | ODV64DZ | Restriction of Stomach with Intraluminal Device, Percutaneous Endoscopic Approach          |
|  | ODV64ZZ | Restriction of Stomach, Percutaneous Endoscopic Approach                                   |
|  | ODV67ZZ | Restriction of Stomach, Via Natural or Artificial Opening                                  |
|  | ODV68ZZ | Restriction of Stomach, Via Natural or Artificial Opening Endoscopic                       |
|  | OD760DZ | Dilation of Stomach with Intraluminal Device, Open Approach                                |
|  | OD760ZZ | Dilation of Stomach, Open Approach   |
|  | OD763DZ | Dilation of Stomach with Intraluminal Device, Percutaneous Approach                        |
|  | OD763ZZ | Dilation of Stomach, Percutaneous Approach   |
|  | OD764DZ | Dilation of Stomach with Intraluminal Device, Percutaneous Endoscopic Approach             |
|  | OD764ZZ | Dilation of Stomach, Percutaneous Endoscopic Approach                                      |
|  | OD767DZ | Dilation of Stomach with Intraluminal Device, Via Natural or Artificial Opening            |
|  | OD767ZZ | Dilation of Stomach, Via Natural or Artificial Opening                                     |
|  | OD768DZ | Dilation of Stomach with Intraluminal Device, Via Natural or Artificial Opening Endoscopic |
|  | OD768ZZ | Dilation of Stomach, Via Natural or Artificial Opening Endoscopic                          |
|  | ODF60ZZ | Fragmentation in Stomach, Open Approach  |
|  | ODF63ZZ | Fragmentation in Stomach, Percutaneous Approach  |
|  | ODF64ZZ | Fragmentation in Stomach, Percutaneous Endoscopic Approach                                 |
|  | ODF67ZZ | Fragmentation in Stomach, Via Natural or Artificial Opening                                |
|  | ODF68ZZ | Fragmentation in Stomach, Via Natural or Artificial Opening Endoscopic                     |
|  | ODM60ZZ | Reattachment of Stomach, Open Approach   |
|  | ODM64ZZ | Reattachment of Stomach, Percutaneous Endoscopic Approach                                  |
|  | ODN60ZZ | Release Stomach, Open Approach   |
|  | ODN63ZZ | Release Stomach, Percutaneous Approach   |
|  | ODN64ZZ | Release Stomach, Percutaneous Endoscopic Approach  |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|         |  |         |   |
|---------|--|---------|---|
|         |  | ODN67ZZ | Release Stomach, Via Natural or Artificial Opening  |
|         |  | ODN68ZZ | Release Stomach, Via Natural or Artificial Opening Endoscopic   |
|         |  | ODU607Z | Supplement Stomach with Autologous Tissue Substitute, Open Approach                                   |
|         |  | ODU60JZ | Supplement Stomach with Synthetic Substitute, Open Approach   |
|         |  | ODU60KZ | Supplement Stomach with Nonautologous Tissue Substitute, Open Approach                                |
|         |  | ODU647Z | Supplement Stomach with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                |
|         |  | ODU64JZ | Supplement Stomach with Synthetic Substitute, Percutaneous Endoscopic Approach                        |
|         |  | ODU64KZ | Supplement Stomach with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach             |
|         |  | ODU677Z | Supplement Stomach with Autologous Tissue Substitute, Via Natural or Artificial Opening               |
|         |  | ODU67JZ | Supplement Stomach with Synthetic Substitute, Via Natural or Artificial Opening                       |
|         |  | ODU67KZ | Supplement Stomach with Nonautologous Tissue Substitute, Via Natural or Artificial Opening            |
|         |  | ODU687Z | Supplement Stomach with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic    |
|         |  | ODU68JZ | Supplement Stomach with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic            |
|         |  | ODU68KZ | Supplement Stomach with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 44.95   | Laparoscopic gastric restrictive procedure (Bariatric Surgery) | ODV64CZ | Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach                     |
| 45.51** | Isolation of segment of small intestine                        | ODB80ZZ | Excision of Small Intestine, Open Approach  |
|         |  | ODB90ZZ | Excision of Duodenum, Open Approach   |
|         |  | ODBB0ZZ | Excision of Ileum, Open Approach  |
|         |  | OD160ZB | Bypass Stomach to Ileum, Open Approach  |
|         |  | OF190Z3 | Bypass Common Bile Duct to Duodenum, Open Approach  |
|         |  | ODBB0ZZ | Excision of Ileum, Open Approach  |
|         |  | OTRB07Z | Replacement of Bladder with Autologous Tissue Substitute, Open Approach                               |
| 45.91** | Small-to-small intestinal anastomosis                          | OD190Z9 | Bypass Duodenum to Duodenum, Open Approach  |
|         |  | OD190ZA | Bypass Duodenum to Jejunum, Open Approach   |
|         |  | OD190ZB | Bypass Duodenum to Ileum, Open Approach   |
|         |  | OD194Z9 | Bypass Duodenum to Duodenum, Percutaneous Endoscopic Approach   |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|  |         |   |
|--|---------|---|
|  | 0D194ZA | Bypass Duodenum to Jejunum, Percutaneous Endoscopic Approach                    |
|  | 0D194ZB | Bypass Duodenum to Ileum, Percutaneous Endoscopic Approach                      |
|  | 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          |
|  | 0D1A0ZA | Bypass Jejunum to Jejunum, Open Approach  |
|  | 0D1A0ZB | Bypass Jejunum to Ileum, Open Approach  |
|  | 0D1A4ZA | Bypass Jejunum to Jejunum, Percutaneous Endoscopic Approach                     |
|  | 0D1A4ZB | Bypass Jejunum to Ileum, Percutaneous Endoscopic Approach                       |
|  | 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           |
|  | 0D1B0ZB | Bypass Ileum to Ileum, Open Approach  |
|  | 0D1B4ZB | Bypass Ileum to Ileum, Percutaneous Endoscopic Approach                         |
|  | 0D1B8ZB | Bypass Ileum to Ileum, Via Natural or Artificial Opening Endoscopic             |
|  | 0D1B8ZH | Bypass Ileum to Cecum, Via Natural or Artificial Opening Endoscopic             |
|  | 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 Nonautologous Tissue Substitute, Open Approach |
|  | 0D190KA | Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Open Approach  |
|  | 0D190KB | Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Open Approach    |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|  |         |  |
|--|---------|--|
|  | OD19479 | Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                |
|  | OD1947A | Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                 |
|  | OD1947B | Bypass Duodenum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                   |
|  | OD194J9 | Bypass Duodenum to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach                        |
|  | OD194JA | Bypass Duodenum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach                         |
|  | OD194JB | Bypass Duodenum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach                           |
|  | OD194K9 | Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach             |
|  | OD194KA | Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach              |
|  | OD194KB | Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach                |
|  | OD19879 | Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic    |
|  | OD1987A | Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic     |
|  | OD1987B | Bypass Duodenum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic       |
|  | OD198J9 | Bypass Duodenum to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic            |
|  | OD198JA | Bypass Duodenum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic             |
|  | OD198JB | Bypass Duodenum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic               |
|  | OD198K9 | Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
|  | OD198KA | Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic  |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|  |         |  |
|--|---------|--|
|  | OD198KB | Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic  |
|  | OD1A07A | Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Open Approach                                   |
|  | OD1A07B | Bypass Jejunum to Ileum with Autologous Tissue Substitute, Open Approach                                     |
|  | OD1A0JA | Bypass Jejunum to Jejunum with Synthetic Substitute, Open Approach   |
|  | OD1A0JB | Bypass Jejunum to Ileum with Synthetic Substitute, Open Approach   |
|  | OD1A0KA | Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Open Approach                                |
|  | OD1A0KB | Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Open Approach                                  |
|  | OD1A47A | Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                |
|  | OD1A47B | Bypass Jejunum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                  |
|  | OD1A4JA | Bypass Jejunum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach                        |
|  | OD1A4JB | Bypass Jejunum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach                          |
|  | OD1A4KA | Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach             |
|  | OD1A4KB | Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach               |
|  | OD1A87A | Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic    |
|  | OD1A87B | Bypass Jejunum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic      |
|  | OD1A8JA | Bypass Jejunum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic            |
|  | OD1A8JB | Bypass Jejunum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic              |
|  | OD1A8KA | Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
|  | OD1A8KB | Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic   |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

|         |  |
|---------|--|
| 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 Nonautologous Tissue Substitute, 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 Nonautologous Tissue Substitute, 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 Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |

### References Included (but not limited to):

#### **CMS NCD(s)**

NCD 100.1 Bariatric Surgery for Treatment of Morbid Obesity

Reference NCDs:

NCD 100.8 Intestinal Bypass Surgery

NCD 100.11 Gastric Balloon for Treatment of Obesity

NCD 100.14 Surgery for Diabetes

NCD 210.12 Intensive Behavioral Therapy for Obesity

NCD 40.5 Treatment of Obesity

#### **CMS LCD(s)**

Numerous LCDs

#### **CMS Article(s)**

Numerous Articles

#### **CMS Benefit Policy Manual**

Chapter 15; § 270.2 List of Medicare Telehealth Services

#### **CMS Claims Processing Manual**

Chapter 12; § 190.3 List of Medicare Tele health Services

Chapter 18; § 200 Intensive Behavioral Therapy for Obesity (Effective November 29, 2011)

Chapter 32; § 150 Billing Requirements for Bariatric Surgery for Treatment of Morbid Obesity

#### **CMS Transmittals**

Transmittal 54, Change Request 5013, Dated 04/28/2006 (Bariatric Surgery for Treatment of Morbid Obesity)

Transmittal 150, Change Request 8028, Dated 01/29/2013 (Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG))

Transmittal 158, Change Request 8484, Dated 12/23/2013 (Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity)

Transmittal 1728, Change Request 6419, Dated 05/04/2009 (Surgery for Diabetes)

Transmittal 2641, Change Request 8028, Dated 01/29/2013 (Bariatric Surgery for the Treatment of Morbid

# Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG))

Transmittal 2841, Change Request 8484, Dated 12/23/2013 (Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity)

## **UnitedHealthcare Medicare Advantage Coverage Summaries**

Bariatric Surgery

Obesity – Nonsurgical Treatment of Obesity

Preventive Health Services and Procedures

## **UnitedHealthcare Reimbursement Policies**

Intensive Behavioral Therapy for Obesity (NCD 210.12)

Intestinal Bypass Surgery (NCD 100.8)

Gastric Balloon for Treatment of Obesity (NCD 100.11)

Surgery for Treatment of Diabetes (NCD 100.14)

Treatment of Obesity (NCD 40.5)

## **UnitedHealthcare Medical Policies**

Bariatric Surgery

### **MLN Matters**

Article MM5477: Clarification of Bariatric Surgery Billing Requirements Issued in CR 5013

Article MM6419, Surgery for Diabetes National Coverage Determination (NCD)

Article MM7641, Intensive Behavioral Therapy (IBT) for Obesity

Article MM8028, Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG))

Article MM8484, Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity

### **Others**

Bariatric Surgery General Information, CMS website

Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity - Facility Certification Requirement, CMS Website

Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity, CMS Website

## **History**

| <b>Date</b> | <b>Revisions</b>  |
|-------------|---|
| 09/08/2014  | Removed all GA/GY modifier language and references from document  |
| 07/14/2014  | Administrative updates  |
| 02/26/2014  | <p>Re-review presented to MRPC for approval:</p> <ul style="list-style-type: none"> <li>Effective on September 24, 2013, the title of section 100.1 in the NCD manual will be changed to "Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity"; therefore the policy title is also being revised; [NCD Policy previously titled "Bariatric Surgery for Treatment of Morbid Obesity"]</li> <li>CMS communication distributed directing that the contents of NCD 100.8, 100.11, 100.14, and 40.5 are now all encompasses in NCD 100.1, see resource section for additional sourcing for support of the direction (see below)</li> </ul> |
| 12/17/2013  | <ul style="list-style-type: none"> <li>Transmittal 158, dated November 15, 2013, is being rescinded and replaced by Transmittal 158, dates 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 &amp; 100.14, Pub. 100-03 NCD Manual. (Rev.158, Issued: 12-23-13, Effective: 09-24-13, Implementation: 12-17-13)</li> <li><b>SUBJECT: Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity</b></li> <li>CMS has determined that no changes be made to the bariatric surgery procedures that are</li> </ul>           |

## Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

deemed covered in section 100.1 of the National Coverage Determination (NCD) Manual.

- CMS plans to change 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
- Effective on September 24, 2013, the title of section 100.1 in the NCD manual will be changed to "Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity". [previously titled "Bariatric Surgery for Treatment of Morbid Obesity"]
- A clarifying statement will be added to the section 100.1 of the NCD manual that states the following:
  - The determination of coverage for any bariatric surgery procedures that are not specifically identified in an NCD as covered or non-covered, for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local Medicare Administrative Contractor
- **Effective on September 24, 2013 , the following sections of the NCD manual related to bariatric surgery will be subsumed under section 100.1: Sections 40.5, 100.8, 100.11 and 100.14**

|            |  |
|------------|--|
| 11/20/2013 | Administrative updates   |
| 10/23/2013 | Administrative updates   |
| 09/30/2013 | CMS updated the requirements for facility Certification; Information included in the policy under Decision Summary |
| 05/22/2013 | No new changes   |
| 08/14/2012 | Policy converted to new template for posting to UnitedHealthcare Online  |
| 06/27/2012 | Decision Memo released allowing CPT Code 43775 as payable; document updated to reflect this                        |
| 02/29/2011 | Added CPT codes (43644-43645, 43770, 43845-43847) for proper facility billing                                      |