Finding the appropriate ICD-10-PCS Code

**STEP 1: Select the code below that best describes the procedure and associated body part.**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description (Includes Body Part)</th>
<th>Procedure Code</th>
<th>Description (Includes Body Part)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ØD16</td>
<td>Bypass / Stomach</td>
<td>ØDV6</td>
<td>Restriction / Stomach</td>
</tr>
<tr>
<td>ØD19</td>
<td>Bypass / Duodenum</td>
<td>ØD0W6</td>
<td>Revision / Stomach</td>
</tr>
<tr>
<td>ØD1A</td>
<td>Bypass / Jejunum</td>
<td>ØDY6</td>
<td>Transplantation / Stomach</td>
</tr>
<tr>
<td>ØD1B</td>
<td>Bypass / Ileum</td>
<td>ØF19</td>
<td>Bypass / Common Bile Duct</td>
</tr>
<tr>
<td>ØD76</td>
<td>Dilatation / Stomach</td>
<td>3EØG</td>
<td>Introduction / Upper GI</td>
</tr>
<tr>
<td>ØD86</td>
<td>Excision / Stomach</td>
<td>BD11</td>
<td>Fluoroscopy / Esophagus</td>
</tr>
<tr>
<td>ØD88</td>
<td>Excision / Small Intestine</td>
<td>BD12</td>
<td>Fluoroscopy / Stomach</td>
</tr>
<tr>
<td>ØD89</td>
<td>Excision / Duodenum</td>
<td>BD13</td>
<td>Fluoroscopy / Small Bowel</td>
</tr>
<tr>
<td>ØDBB</td>
<td>Excision / Ileum</td>
<td>BD14</td>
<td>Fluoroscopy / Colon</td>
</tr>
<tr>
<td>ØDF6</td>
<td>Fragmentation / Stomach</td>
<td>BD15</td>
<td>Fluoroscopy / Upper GI</td>
</tr>
<tr>
<td>ØDH6</td>
<td>Insertion / Stomach</td>
<td>BD16</td>
<td>Fluoroscopy / Upper GI and Small Bowel</td>
</tr>
<tr>
<td>ØDL6</td>
<td>Occlusion / Stomach</td>
<td>BD19</td>
<td>Fluoroscopy / Duodenum</td>
</tr>
<tr>
<td>ØDL7</td>
<td>Occlusion / Stomach, Pylorus</td>
<td>BFØC</td>
<td>Plain Radiography / Hepatobiliary System, All</td>
</tr>
<tr>
<td>ØDM6</td>
<td>Reattachment / Stomach</td>
<td>BF18</td>
<td>Fluoroscopy / Pancreatic Ducts</td>
</tr>
<tr>
<td>ØDN6</td>
<td>Release / Stomach</td>
<td>BW0Ø</td>
<td>Plain Radiography of Abdomen</td>
</tr>
<tr>
<td>ØDP6</td>
<td>Removal / Stomach</td>
<td>BW01</td>
<td>Plain Radiography of Abdomen and Pelvis</td>
</tr>
<tr>
<td>ØDQ6</td>
<td>Repair / Stomach</td>
<td>BW11</td>
<td>Fluoroscopy / Abdomen and Pelvis</td>
</tr>
<tr>
<td>ØDU6</td>
<td>Supplement / Stomach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 2: Using your coding reference book or software, select the 3 codes that best describe the associated approach, device and qualifier in the respective order.**

Given the large number of individual procedure codes available for bariatric procedures, please refer to your coding reference book or coding software to look up the associated Approach, Device and Qualifier that best align to the procedure code and body part you identified in Step 1 above.

**STEP 3: Combine the code in Step 1 with the code in Step 2 in the respective order. This is your ICD-10-PCS Code.**

For example, the code for **Excision of Stomach, Percutaneous Endoscopic Approach (ØDB64Z3)** would be created in the steps below:

<table>
<thead>
<tr>
<th>Example:</th>
<th>STEP 1:</th>
<th>STEP 2:</th>
<th>Step 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ØDB6</td>
<td>ØD86</td>
<td>Approach +</td>
<td>Device +</td>
</tr>
</tbody>
</table>
# Surgeon CPT, APC & DRG Codes

<table>
<thead>
<tr>
<th>Surgeon CPT Code</th>
<th>Procedure</th>
<th>Surgeon Nat Average Medicare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150cm or less)</td>
<td>$1,799</td>
</tr>
<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, with gastric bypass and small intestine reconstruction to limit absorption</td>
<td>1,921</td>
</tr>
<tr>
<td></td>
<td><strong>Laparoscopic Gastric Banding</strong></td>
<td></td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band and subcutaneous port components) (For individual component placement, report 43770 with modifier 52)</td>
<td>$1,163</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, revision of adjustable gastric restrictive device component only</td>
<td>1,324</td>
</tr>
<tr>
<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, removal of adjustable gastric restrictive device component only</td>
<td>986</td>
</tr>
<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, removal and replacement of adjustable gastric restrictive device component only</td>
<td>1,320</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure, removal of adjustable gastric restrictive device and subcutaneous port components</td>
<td>996</td>
</tr>
<tr>
<td></td>
<td><strong>Laparoscopic Sleeve Gastrectomy</strong></td>
<td></td>
</tr>
<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)</td>
<td>$1,148</td>
</tr>
<tr>
<td></td>
<td><strong>Miscellaneous Gastric Procedure (including revisions)</strong></td>
<td></td>
</tr>
<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty</td>
<td>$1,237</td>
</tr>
<tr>
<td>43843</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty</td>
<td>1,331</td>
</tr>
<tr>
<td>43845</td>
<td>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenostomy and ileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)</td>
<td>2,042</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150cm or less) Roux-en-Y gastroenterostomy</td>
<td>1,677</td>
</tr>
<tr>
<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity, with small intestine reconstruction to limit absorption</td>
<td>1,848</td>
</tr>
<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</td>
<td>2,004</td>
</tr>
<tr>
<td>43860</td>
<td>Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection, without vagotomy</td>
<td>1,702</td>
</tr>
<tr>
<td>43865</td>
<td>Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection, with vagotomy</td>
<td>1,744</td>
</tr>
<tr>
<td>43886</td>
<td>Gastric reconstructive procedure, open, revision of subcutaneous port component only</td>
<td>375</td>
</tr>
<tr>
<td>43887</td>
<td>Gastric reconstructive procedure, open, removal of subcutaneous port component only</td>
<td>336</td>
</tr>
<tr>
<td>43888</td>
<td>Gastric reconstructive procedure, open, removal and replacement of subcutaneous port component only</td>
<td>475</td>
</tr>
<tr>
<td>43999</td>
<td>Unlisted procedure, stomach</td>
<td>Carrier Priced</td>
</tr>
<tr>
<td>71002-26</td>
<td>Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)</td>
<td>29</td>
</tr>
<tr>
<td>74246-26</td>
<td>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films, without KUB</td>
<td>35</td>
</tr>
<tr>
<td>52083</td>
<td>Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline</td>
<td>Carrier Priced</td>
</tr>
</tbody>
</table>

**NOTE:** Surgeon codes are not valid for Medicare payment.
**NOTE:** Modifier -26 professional component.

Document Body Mass Index (BMI) as an exact number and not a range. BMI can be documented by billing CPT 3008F and the appropriate ICD-10 Z code. Adding the BMI to the claim helps to decrease the number of chart reviews needed throughout the year and during the HEDIS® collection season. Greater precision in charting the member’s BMI will help members achieve or remain at a healthy weight. Appropriate BMI Codes for both adult and pediatric healthy weight percentiles can be found in ICD-10-CM Z68 section.
### INPATIENT FACILITY

<table>
<thead>
<tr>
<th>DRG</th>
<th>Description</th>
<th>Average Length of Stay (Days)</th>
<th>National Average DRG Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>619</td>
<td>O.R. procedures for obesity with MCC</td>
<td>57</td>
<td>$17,375</td>
</tr>
<tr>
<td>620</td>
<td>O.R. procedures for obesity with CC</td>
<td>30</td>
<td>10,871</td>
</tr>
<tr>
<td>621</td>
<td>O.R. procedures for obesity without CC/MCC</td>
<td>19</td>
<td>9,145</td>
</tr>
<tr>
<td>987</td>
<td>Non-extensive O.R. procedure unrelated to principal diagnosis with MCC</td>
<td>105</td>
<td>18,972</td>
</tr>
<tr>
<td>988</td>
<td>Non-extensive O.R. procedure unrelated to principal diagnosis with CC</td>
<td>61</td>
<td>10,355</td>
</tr>
<tr>
<td>989</td>
<td>Nonextensive O.R. procedure unrelated to principal diagnosis without CC/MCC</td>
<td>30</td>
<td>6,157</td>
</tr>
</tbody>
</table>

**NOTE:** ICD-10 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient’s diagnoses, procedures performed, age, sex and discharge status, among other factors. One DRG per patient is assigned to each inpatient stay. Final DRG reimbursement is based on level of Meaningful Use requirements that have been met by facility and may be higher or lower than those documented here.

**NOTE:** Final reimbursement amount is dependent upon Quality Reporting, Meaningful Use, and geographic and other adjustments applicable to the individual facility. To learn more about Medicare and Medicaid’s EHR Incentive Programs visit: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html)

### Freestanding Ambulatory Surgery Center

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
<th>Medicare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>43886</td>
<td>Gastric reconstructive procedure, open, revision of subcutaneous port component only</td>
<td>$4,001</td>
</tr>
<tr>
<td>43887</td>
<td>Remove gastric port</td>
<td>1,195</td>
</tr>
<tr>
<td>43888</td>
<td>Removal and replacement of subcutaneous port component only</td>
<td>1,195</td>
</tr>
</tbody>
</table>

### Outpatient Facility

#### Hospital Outpatient Department

<table>
<thead>
<tr>
<th>APC</th>
<th>APC Description</th>
<th>Medicare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5361</td>
<td>Level 1 Laparoscopy [CPT code: 43659]</td>
<td>$4,001</td>
</tr>
<tr>
<td>5362</td>
<td>Level 2 Laparoscopy [CPT code: 43770]</td>
<td>6,861</td>
</tr>
<tr>
<td>5055</td>
<td>Level 5 Skin Procedures [CPT codes: 43886, 43887, 43888]</td>
<td>2,137</td>
</tr>
<tr>
<td>5301</td>
<td>Level 1 Upper GI Procedures [CPT code: 43999]</td>
<td>745</td>
</tr>
<tr>
<td>5522</td>
<td>Level 2 X-Ray and Related Services [CPT code: 74246]</td>
<td>101</td>
</tr>
</tbody>
</table>

### Surgeon CPT, APC & DRG Codes (continued)

### Surgeon HCPCS Codes

- **SUPPLY CODES - BAND ADJUSTMENTS**
  - A4208 Syringe with needle, sterile 3cc, each
  - A4215 Needle, sterile, any size, each
  - J7030 Infusion, normal saline, solution 1,000cc
  - J7040 Infusion, normal saline
  - J7050 Infusion, normal saline, solution 250cc

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