

# Coding Options for Reoperative Procedures

ASMBS Reoperative Surgery  
Insurance Toolkit

# Disclaimer

- While these are general guidelines, your particular region/insurance carrier may require alternate coding.

# Add-on codes

- Enterolysis - CPT 44180
  - Generally included with any procedure
    - Few exceptions
  - Unless it is the primary (and usually only) procedure
- 22 modifier “Increased Procedural Service requiring work substantially greater than typically required.”
  - Used denote a case where “substantially” more work than usual is required.
  - Should be used for less than 10% of cases.
  - Detailed documentation of why the case was longer/more difficult is required in either a separate document or within the operative report
  - Carriers may have specific policy and procedure for use of -22 modifier
  - Even if properly coded and documented may not get paid
- Concomitant EGD (CPT 43235 wRVU-2.39)
  - Excluded by Medicare on many cases
  - When billed to Medicare - Should be used for diagnosis rather than confirmation of operative completion... to be paid

# Use of Open Codes for Laparoscopic Cases

- Generally not acceptable unless agreed upon by the provider and the carrier
- Unlisted codes are problematic for payment
- Best strategy for reimbursement
  - Precert unlisted – if needed
  - Offer comparable open codes in writing to the carrier at precertification
  - Carefully read the policy for instructions on how to bill certain procedures
  - Try to get pre-op agreement on valuation of the unlisted code pre-op. It is customary for CPT committee to value Open and Laparoscopic codes the same to avoid and economic incentive for procedure approach

# Hiatal Hernia

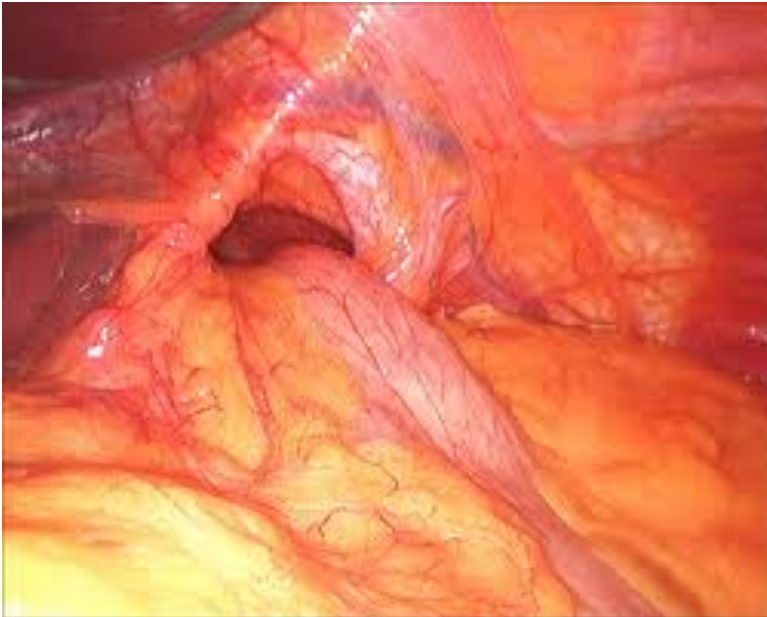
- Hiatal Cruralplasty-
  - Generally considered incidental to the all primary bariatric surgery codes of all types
  - Because of the above, will often not be paid when billed with reoperative procedures, unless the procedure is a hiatal hernia repair
  - Less common coded with 43281 (wRVU 26.6 – 133min) Laparoscopic paraesophageal hernia repair and 43282 (wRVU 30.1 – 151min) – with mesh could be used
    - Again with the 52 modifier

# Components of 43281

- The description of this code includes “ The physician reduces the herniated stomach into the abdomen and dissects the hernia sac and gastroesophageal fat pad using a combination of sharp and blunt dissection”.
- While significant paraesophageal hernias do occur in bariatric surgery, they represent a small minority (up to perhaps 8-10%). When true paraesophageal hernias occur, 43281 can be billed with all bariatric procedures in the current CCI edit.
- See more at: <http://asmbs.org/2013/05/insurance-committee-coding-alert-cpt-43280-laparoscopic-fundoplasty/#sthash.3FMA9XIM.dpuf>

# Billing Hiatal Hernia

- Examples of Anatomy requiring CPT 43281



# Adjustable Gastric Band

- Generally the easiest to code revisions
  - The codes already exist
  - The procedures are easy to standardize
  - Codes were included in the original CPT submission process.
- Available codes:
  - 43770 – Placement of AGB and Port
    - wRVU 18.0
  - 43771 – Revision AGB band component only
    - wRVU 20.79
  - 43772 – Removal of AGB Band component only
    - WRVU 15.7
  - 43773 – Remove and replace AGB Band component only
    - wRVU 20.79
  - 43774 – Removal of AGB band and port
    - wRVU 15.79



# Typical Secondary Operations

- Slip/concentric dilation/band repositioning
  - All involve revision of the band component alone without need for port revision.
  - 43771 ( 104 min)
- Erosion (band or tubing or both)
  - 43774 – Removal of AGB band and port
    - wRVU 15.79
    - Can also be coded with closure of bowel perforation if needed (43840 – 51)
- Tubing issues
  - 43771 for revision (tubing shortening tubing leakage)
  - 43772 for removal (tubing erosion)
- Port problems
  - Revision – 43886 port flip
  - Removal – 43887 early port infection
  - Removal and replacement (leakage in the port Lap-Band ,any port issue with the realize band)
- Band leak
  - For band replacement – 43773
  - For Removal 43772

# Conversions

- Band to Bypass
  - Removal of AGB and Port – CPT 43774 (wRVU 16.76)
  - Lap Gastric Bypass – CPT 43644/5 (wRVU 29.4/31.5)
    - lysis of adhesions is incidental to these procedures
- Band to Sleeve
  - Removal of AGB and Port – CPT 43774 (wRVU 16.76)
  - Lap Sleeve Gastrectomy – CPT 43775 (wRVU 22)
- Sleeve to Bypass
  - Lap Gastric Bypass – CPT 43644/5 (wRVU 29.4/31.5)
    - Consider 22 modifier if case length greater than 150 min

# Gastric Bypass Revision Codes

## Current available codes

- 43651 –truncal vagotomy – laparoscopic  
– wRVU – 10.13
- 43848 –Revision of gastric restrictive procedure – open  
– wRVU - 32.75
- 43860 – Revision of Gastro-Jejunal anastomosis – open  
– wRVU – 27.89
- 44120 – enterectomy single with reanastomosis - open

# Gastric Bypass Revision Codes

- 44121 – each additional enterectomy and anastomosis  
– wRVU – 4.44
- 44202 – enterectomy – laparoscopic  
– wRVU – 23.39
- 44050 – reduction of volvulus, intussusceptions,  
internal hernia – open  
– wRVU – 15.52
- 44180 – Enterolysis, laparoscopic  
– wRVU – 15.27
- 43659 – unlisted stomach  
– wRVU - 0

# Bypass

- Some scenarios
  - Anastomotic revision
    - Common Indications – Stricture, Dilation, Chronic Ulceration
    - Coding 43860 (wRVU 27.89) if open, Lap 43659
  - Pouch revision
    - Common Indications: Downsize, Fistula
    - Coding open 43610 wRVU 16.34 (80 min), Lap 43659
  - Internal hernia repair
    - Open 44050 (15.52 wRVU)
    - Laparoscopic 44180 (15.27 wRVU)
  - Jejunal limb revision, Conversion to long limb
    - open 44120 (poss additional 44121) wRVU 20.82, 4.44
    - Laparoscopic – 43202 (wRVU – 23.39) possible multiple instances
  - Placement of G-tube
    - Open 43830 (w RVU 10.85 55 min)
    - Lap 43653 (wRVU 8.48 42 min)

# Sleeve

- Currently available codes
  - 43775
    - Longitudinal Gastrectomy – wRVU 21.21 106 min
  - No specific reoperative codes available

# Gastric Sleeve Revisions

- Sleeve to bypass
  - 43644 – Laparoscopic Gastric Bypass
    - wRVU 29.40
    - Could use the 22 modifier with care
- “re-sleeve”
  - 43775 – sleeve gastrectomy code
    - May need 22 if very long/hard
    - Or 52 if easier as one component of the procedure (greater curve mobilization) is omitted
  - 43659 – unlisted always safe
- Strictureplasty
  - 43659 – there is no comparable procedure in intent or conduct.

# Summary

- Coding and reimbursement for reoperative bariatric surgery is as complicated as the procedures themselves
- Do
  - Use the right code or unlisted
  - Be proactive for reimbursement
  - Follow up billing and be prepared to file on paper
- Don't
  - Be misleading
  - Use open codes for laparoscopic operations
  - Expect all cases to be paid easily