

LCD for Bariatric Surgery (L26558)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC - Part A

LCD Information

LCD ID Number

L26558

LCD Title

Bariatric Surgery

Contractor's Determination Number

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CMS National Coverage Policy

Medicare National Coverage Determinations Manual; Publication 100-3, §100.1

Medicare Claims Processing Manual, Publication; 100-4, Chapter 32, §150

*CR #6419; Subject Surgery for Diabetes, effective 02/12/2009

Transmittal 931, CR #5013, dated April 28, 2006, Subject: Billing Requirements for Bariatric Surgery for Treatment of Morbid Obesity.

Transmittal 1233, CR #5477, dated April 27, 2007, Subject: Clarification of Bariatric Surgery Billing Requirements Issued in CR 5013.

Title XVIII of the Social Security Act section 1862(a) (1) (A). This section allows coverage and payment for those services that are considered medically reasonable and necessary.

Title XVIII of the Social Security Act section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 02/12/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

This local coverage determination (LCD) addresses both local and national coverage and noncoverage treatment options which include various bariatric surgical interventions such as Roux-en-Y Gastric Bypass (RYGBP), Biliopancreatic Diversion with Duodenal Switch (BPD/DS), sleeve gastrectomy , etc. used to treat comorbid conditions associated with morbid obesity. The LCD also contains the ICD-9-CM codes for the comorbid conditions. .

Covered Bariatric Surgery Procedures

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.

1. Open Roux-en-Y gastric bypass (RYGBP).
2. Laparoscopic Roux-en-Y gastric bypass (RYGBP).
3. Laparoscopic adjustable gastric banding (LAGB).
4. Open biliopancreatic diversion with duodenal switch (BPD/DS).
5. Laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS)

The patient must have a body-mass index (BMI) ³35, 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 and their approval dates are listed and maintained on the CMS Coverage Web site at <http://www.cms.hhs.gov/center/coverage.asp>, and published in the Federal Register

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

Non-Covered Bariatric Surgery Procedures

Effective for services on or after February 21, 2006, Medicare has determined that the following bariatric surgery procedures are not reasonable and necessary for the treatment of morbid obesity.

1. Open vertical banded gastroplasty.
2. Laparoscopic vertical banded gastroplasty.
3. Open sleeve gastrectomy.
4. Laparoscopic sleeve gastrectomy.
5. Open adjustable gastric banding.

Complete coverage guidelines can be found in the National Coverage Determination Manual (Publication 100-03), Sections 40.5 and 100.1.

Other Comments

Bariatric surgery claims

NOTE: If ICD-9-CM diagnosis code 278.01 and one of the covered ICD-9-CM procedure codes listed in §150.3 or HCPCS procedure codes listed in §150.2 are not present, the claim is not for bariatric surgery and should be processed under normal procedures.

*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), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index >35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity. 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).

*Nationally Non-Covered Indications

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

- Open adjustable gastric banding
- Open and laparoscopic sleeve gastrectomy; and
- Open and laparoscopic vertical banded gastroplasty.

The two previously non-coverage determinations remain unchanged - Gastric Balloon (Section 100.11) and Intestinal Bypass (Section 100.8).

*Effective for services performed on and after February 12, 2009, CMS determines 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) in Medicare beneficiaries who have type 2 diabetes mellitus (T2DM) and a BMI <35 are not reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act, and therefore are not covered.

Complete coverage guidelines can be found in the National Coverage Determination Manual (Publication 100-03), Sections 40.5 and 100.1.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

11x Hospital-inpatient (including Part A)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

Revenue codes 096X, 097X and 098X are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI using revenue codes 096X, 097X or 098X.

036X Operating room services-general classification

096X Professional fees-general classification

CPT/HCPCS Codes

Code 43999 is only to be used for "Adjustment of a gastric band".

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 (EG, 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

43842 GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY

43843 GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY

43845 GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)

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)

43999 UNLISTED PROCEDURE, STOMACH

ICD-9 Codes that Support Medical Necessity

Obesity Diagnosis Codes

278.01* MORBID OBESITY

*(must include a covered Body Mass Index diagnosis code and at least one of the following Co-morbidity diagnosis codes to qualify for coverage)

Body Mass Index Diagnosis Codes

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

V85.4* BODY MASS INDEX 40 AND OVER, ADULT

*(must include the covered Obesity diagnosis code and at least one of the following Co-morbidity diagnosis codes to qualify for coverage)

Co-morbidity Diagnosis Codes

250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.01 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED

250.02 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED

250.03 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED

250.10 DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.11 DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED

250.12 DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED

250.13 DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED

250.20 DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

250.21 DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED

250.22	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.23	DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.30	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.31	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.32	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.33	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.40	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.41	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.42	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.43	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.50	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.51	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.52	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.53	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.60	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.61	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.62	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.63	

	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.71	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.72	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.73	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.80	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.81	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.82	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.83	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.90	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.91	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.92	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.93	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
256.31	PREMATURE MENOPAUSE
256.39	OTHER OVARIAN FAILURE
256.4	POLYCYSTIC OVARIES
256.8	OTHER OVARIAN DYSFUNCTION
256.9	UNSPECIFIED OVARIAN DYSFUNCTION
348.2	BENIGN INTRACRANIAL HYPERTENSION
401.0	MALIGNANT ESSENTIAL HYPERTENSION
401.1	BENIGN ESSENTIAL HYPERTENSION
401.9	UNSPECIFIED ESSENTIAL HYPERTENSION
402.00	

	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.01	MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.10	BENIGN HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.11	BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.90	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.91	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
403.00	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.10	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.11	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
403.90	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.91	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.00	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.90	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.91	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.92	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.93	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
405.01	MALIGNANT RENOVASCULAR HYPERTENSION

405.09	OTHER MALIGNANT SECONDARY HYPERTENSION
405.11	BENIGN RENOVASCULAR HYPERTENSION
405.19	OTHER BENIGN SECONDARY HYPERTENSION
405.91	UNSPECIFIED RENOVASCULAR HYPERTENSION
405.99	OTHER UNSPECIFIED SECONDARY HYPERTENSION
416.8	OTHER CHRONIC PULMONARY HEART DISEASES
437.2	HYPERTENSIVE ENCEPHALOPATHY
454.0	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER
454.2	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER AND INFLAMMATION
454.8	VARICOSE VEINS OF LOWER EXTREMITIES WITH OTHER COMPLICATIONS
530.11	REFLUX ESOPHAGITIS
530.81	ESOPHAGEAL REFLUX
715.15	OSTEOARTHROSIS LOCALIZED PRIMARY INVOLVING PELVIC REGION AND THIGH
715.16	OSTEOARTHROSIS LOCALIZED PRIMARY INVOLVING LOWER LEG
715.17	OSTEOARTHROSIS LOCALIZED PRIMARY INVOLVING ANKLE AND FOOT
715.18	OSTEOARTHROSIS LOCALIZED PRIMARY INVOLVING OTHER SPECIFIED SITES
715.25	OSTEOARTHROSIS LOCALIZED SECONDARY INVOLVING PELVIC REGION AND THIGH
715.26	OSTEOARTHROSIS LOCALIZED SECONDARY INVOLVING LOWER LEG
715.27	OSTEOARTHROSIS LOCALIZED SECONDARY INVOLVING ANKLE AND FOOT
715.28	OSTEOARTHROSIS LOCALIZED SECONDARY INVOLVING OTHER SPECIFIED SITES
715.35	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING PELVIC REGION AND THIGH
715.36	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
715.37	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING ANKLE AND FOOT

715.38	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING OTHER SPECIFIED SITES
715.95	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING PELVIC REGION AND THIGH
715.96	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING LOWER LEG
715.97	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING ANKLE AND FOOT
715.98	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING OTHER SPECIFIED SITES
716.85	OTHER SPECIFIED ARTHROPATHY INVOLVING PELVIC REGION AND THIGH
716.86	OTHER SPECIFIED ARTHROPATHY INVOLVING LOWER LEG
716.87	OTHER SPECIFIED ARTHROPATHY INVOLVING ANKLE AND FOOT
716.88	OTHER SPECIFIED ARTHROPATHY INVOLVING OTHER SPECIFIED SITES
716.95	UNSPECIFIED ARTHROPATHY INVOLVING PELVIC REGION AND THIGH
716.96	UNSPECIFIED ARTHROPATHY INVOLVING LOWER LEG
716.97	UNSPECIFIED ARTHROPATHY INVOLVING ANKLE AND FOOT
716.98	UNSPECIFIED ARTHROPATHY INVOLVING OTHER SPECIFIED SITES
718.05	ARTICULAR CARTILAGE DISORDER INVOLVING PELVIC REGION AND THIGH
718.07	ARTICULAR CARTILAGE DISORDER INVOLVING ANKLE AND FOOT
719.7	DIFFICULTY IN WALKING
719.85	OTHER SPECIFIED DISORDERS OF JOINT OF PELVIC REGION AND THIGH
719.86	OTHER SPECIFIED DISORDERS OF LOWER LEG JOINT
719.87	OTHER SPECIFIED DISORDERS OF ANKLE AND FOOT JOINT
719.88	OTHER SPECIFIED DISORDERS OF JOINT OF OTHER SPECIFIED SITES
722.51	

	DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC
722.52	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
722.73	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION
722.93	OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION
724.2	LUMBAGO
724.3	SCIATICA
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.5	BACKACHE UNSPECIFIED
724.6	DISORDERS OF SACRUM
724.8	OTHER SYMPTOMS REFERABLE TO BACK
724.9	OTHER UNSPECIFIED BACK DISORDERS
780.51	INSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.53	HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.57	UNSPECIFIED SLEEP APNEA
780.58	SLEEP RELATED MOVEMENT DISORDER, UNSPECIFIED
786.09	RESPIRATORY ABNORMALITY OTHER
788.30	URINARY INCONTINENCE UNSPECIFIED
788.31	URGE INCONTINENCE
788.32	STRESS INCONTINENCE MALE
788.33	MIXED INCONTINENCE (MALE) (FEMALE)
997.91	COMPLICATIONS AFFECTING OTHER SPECIFIED BODY SYSTEMS NOT ELSEWHERE CLASSIFIED HYPERTENSION

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Clinical severe obesity, without associated co-morbid conditions.

General Information**Documentation Requirements**

1. Claims submitted for bariatric surgical procedures must contain three (primary, secondary and third) ICD-9-CM codes as indicated below:

The primary ICD-9-CM code 278.01 for morbid obesity

A secondary ICD-9-CM code describing a BMI > 35

A third ICD-9-CM code from the list in this LCD describing comorbid conditions

Appendices**Utilization Guidelines**

See section Indications and Limitations

Sources of Information and Basis for Decision

See CMS National Coverage Section

Advisory Committee Meeting Notes**Start Date of Comment Period****End Date of Comment Period****Start Date of Notice Period**

12/15/2007

Revision History Number

2

Revision History Explanation

06/01/2009: Policy revised to reflect instructions found in CMS publications.100-3 and 100-4, effective 02/12/2009. No changes to coverage.

Reason for Change

Last Reviewed On Date

05/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 06/02/2009 with effective dates 02/12/2009 - N/A

Updated on 04/25/2008 with effective dates 03/01/2008 - 02/11/2009