Bariatric Surgery

Effective with dates of service on and after September 15, 2019, the following inpatient procedure for sleeve gastrectomy will be covered if criteria are met: ICD-10 code 0DB64Z3.

Effective with dates of service on and after September 15, 2019, the following bariatric HCPCS codes will be covered in an outpatient setting if criteria are met: 43770, 43772, 43773, 43774, 43886, 43887, and 43888.

Effective with dates of service on and after September 15, 2019, the following bariatric HCPCS codes will be covered in an ambulatory surgery center (ASC) setting if criteria are met: 43886, 43887, and 43888.

Note: The effective date of the policy is September 15, 2019. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the KMAP bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

Note: Refer to the CPT® codebook for complete descriptions. This may not be an all-inclusive list of HCPCS 2019 updates.

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