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Part B Insider (Multispecialty) Coding Alert

Bariatric Surgery: Check The Operative Report For Extra Procedures Alongside Bariatric Surgery

Physicians frequently perform other operations, extra tests

Not only has it gotten easier to bill for gastric bypass surgery in some parts of the country (see "New Codes Coming For Laparoscopic Bariatric Surgeries"), but there are other procedures you can bill in addition to so-called stomach stapling.

When your physician performs one of these bariatric procedures, make sure to scan the operative report before billing, advises **Marcella Bucknam**, HIM coordinator at **Clarkson College** in Omaha. You never know what other procedures the surgeon may have performed at the same time.

For example, surgeons frequently perform a colicystectomy, or gall bladder removal (47600), at the same time as a gastric bypass procedure, says **Mary Lou Walen**, coding expert at the **American Bariatric Surgery Association**. These aren't done prophylactically, however, except in cases of gall stones or inflammation. The surgeon may perform an ultrasound before surgery, but even if that's clear, she may find pathologies during the surgery.

You shouldn't add on other procedures just to boost reimbursement, Walen adds. But it's fair to bill for everything the surgeon actually performed. It's also important to document whatever symptoms the patient had that required the additional procedures.

Similarly, many patients who require gastric bypass will present with a previous hernia as well. It's quite common for a surgeon to perform a hernia repair at the same time as a gastric bypass.

Also, surgeons may perform an appendectomy (**44950**) along with a bariatric procedure, says Bucknam. Some surgeons may even remove the gall bladder and appendix routinely in bariatric patients. Such morbidly obese patients are prone to cholecystitis and appendicitis as well as hernias.

Also, it's "not unusual for the doctors to do a liver biopsy at the same time, because a lot of these patients have fatty livers," or the beginnings of associated liver problems, says Bucknam.

In fact, not all types of bariatric surgery involve actual staples. Vertical banded gastroplasty (43842) involves almost closing the stomach with staples, leaving a small opening for food to pass through from the upper to lower part of the stomach. Gastric banding (or lap band) (43843) involves putting a band around the upper part of the stomach to create a small upper gastric pouch. Roux-en-y gastroenterostomy (43846-43847) involves converting the upper stomach into a new, smaller stomach, and connecting this stomach pouch to part of the small intestine, using a two-and-a-half foot length of intestine.

When billing for bariatric surgeries, it's important to document all comorbidities the patient presents with, says Walen.