

Issue: October 2019

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Executive Summary

- The Department of Health- Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.
- The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.
- The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.
- DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.
- The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@DoH.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

Issued: October 2019

Published update: Version 2, January 2020 Published update: Version 3, October 2021

About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Bariatric Surgery (BS) performance indicators. The Department of Health (DoH), with consultation from local and international expertise of obesity and weight management, has developed Bariatric Surgery Performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period of time.

The Bariatric Surgery performance indicators in this guidance include measures to monitor morbidity and mortality in patients undergoing bariatric surgery I.e. (postoperative complications, readmissions, re-operation, and extended length of stay). Healthcare providers are the most qualified professionals to develop and evaluate quality of care for obesity and weight management patients; therefore, it is crucial that clinicians retain a leadership position in defining performance among Bariatric healthcare providers.

Who is this guidance for?

All DoH licensed healthcare facilities providing bariatric surgery services in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Bariatric services quality indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance email their contact details (if different from previous submission) to JAWDA@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions
- As per DoH <u>Policy for Quality and Patient Safety</u> issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Bariatric Surgery Quality Indicators

KPI Description (title):		mplications among Low- ry principal Bariatric Su	
Domain	Patient Safety		
Sub-Domain	Complication/Outcome		
Definition:	Rate of minor medical/surgical complications among low risk primary principle bariatric surgery patients (18 years or older) within 30 days of the surgery date. *Primary Principal Procedure: The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.		
	Numerator: Total number of low-risk bariatric surgery patients (18 years or older) who have undergone a primary principal bariatric surgery and had a minor complication within 30 days of the principal bariatric surgery. Denominator: Total number of low-risk patients (18 years or older) who have undergone a primary principal bariatric surgery during the reporting period. Bariatric Surgery CPT Codes: 43644,43645, 43659, 43775, 43846,43847, 43999		
Calculation:	Minor Complicatio ICD-10 K28 - K28.9; K56.7; K91.89 R11.2 N39.0 E86.0 N17.8; N17.9 N19 N20.0 K43.2 K95.01; K95.81, T81.4XXA,	# CPT - Included 43235 - 43236; 43239; 43259 43245 96360; 96361 96360; 96361 96360; 96361 90935	CPT Excluded N/A
Inclusion	 T81.4XXD, T81.4XXS Low Risk adult patients (18 years and above) with a primary principal bariatric procedure 		
Exclusion	 Patient who are considered as high risk at the time of surgery as defined in <i>Appendix A</i> Patients who have undergone revisional surgery. Patients who were discharged against medical advice 		
Reporting Frequency:	Quarterly		
Unit of Measure:	Percentage		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		

Desired direction:	Lower is better	
Notes for all providers		
Data sources and	Hospital patient data source, bariatric registry	
guidance:	Trospital patient data source, barratile registry	

KPI Description (title):	Rate of Minor Complications among High-Risk Patients within 30 days from Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complication/Outco	me	
			s within 30 days of the surgery
Definition:		k bariatric surgery patie	•
Calculation:	Numerator: Total number of high-risk patients (18 years or older) who have undergone a principal bariatric surgery and had a minor complication within 30 days of the principal bariatric surgery. Denominator: Total number of high-risk patients (18 years or older) who have undergone a principal bariatric surgery during reporting period Bariatric Surgery CPT Codes: 43644-43645, 43659, 43775, 43846-43847, 43848, 43999 Minor Complication Codes:		
Calculation:	ICD-10 K28 - K28.9; K56.7;	<i>CPT - Included</i> 43235 - 43236; 43239;	CPT Excluded N/A
	K20 K20.7, K30.7,	43259	11/11
	K91.89	43245	N/A
	R11.2	96360; 96361	N/A
	N39.0	0.0000 0.0001	N/A
	E86.0 N17.8; N17.9	96360; 96361 96360; 96361	N/A 90935; 90937; 90945; 90947
	N19	90935	N/A
	N20.0	70300	N/A
	K43.2	N/A	N/A
	K95.01; K95.81, T81.4XXA, T81.4XXD, T81.4XXS		N/A
Inclusion	surgery as define	ed in Appendix A.	nt the time of the principle bariatric
	 Patients who have undergone a revisional surgery. Patients who were discharged against medical advice 		
Exclusion		re discharged against me	dicai advice
Donorting Fraguency	Low-risk cases Quarterly		
Reporting Frequency: Unit of Measure:	•		
	% complications		
International	_ ,	1.4	
comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes	for all providers	
Data sources and guidance:	Hospital patient data source, bariatric registry		
guiualice.			

Type: BS Quality Indica	ator	indicator Nu	iliber: p303
KPI Description (title):	from Primary Principal Bar	s among Low-Risk Patients wit iatric Surgery	hin 30 days
Domain	Patient Safety		
Sub-Domain	Complication/Outcome		
Definition:	Rate of major medical/surgical complications within 30 days of the primary principal surgery date among low risk bariatric surgery patients (18 years or older). Primary Principal Procedure: The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.		
	undergone a primary principal b within 30 days of the primary pr Denominator : Total number of undergone a primary principal b Bariatric Surgery CPT Codes : 4.	v risk patients (18 years or older) variatric surgery and had a major coincipal bariatric surgery. Ilow-risk patients (18 years or older ariatric surgery during the reporting the repor	omplication(s) r) who have ng period.
	Major Complication Codes: ICD-10	CPT - Included	CPT Excluded
	182 code range series	34001; 34051; 34101; 34111; 34151; 34201; 34203; 34401; 34421; 34451, 34471, 34490; 37619	N/A
	Z98.0;T82.533; T85.598; T85.638A	44602; 44604; 49320	N/A
Calculation:	L02.91; Z98.0 K92.2	10030; 10080 - 10120; 11000 - 11047; 99601; 99602; 36430; 36440; ; 36450; 36455 with	11042 - 11044 N/A
		blood transfusion	-
	K56.50, K56.51, K56.52, K56.600, K56.601, K56.609	44180; 44602; 44604; 49320	N/A
	K63.1	44602; 44604; 49320	N/A
	K43.0	43281; 43282	N/A
	I21.01-29; I22.1-9; I23.08; I25.2	N/A	N/A
	I63.00 – I63.9 N17.8; N17.9; N19;N18.1 – N18.9	N/A 90935; 90937; 90945; 90947	N/A
	J96.0-J96.9	31500; 94660-94662	N/A N/A
	R11.2	96365 - 96371; 96373 - 96376; 96379	N/A
	K91.30, K91.31, K91.32; K95.89	43775; 43848	N/A
	T81.4XXA; T81.4XXD; T81.4XXS; K95.01; K95.81	10040-10180; 11000-11047	N/A
Inclusion	Low-risk adult patients (18 y surgery	vears and above) with a primary pri	-
Exclusion	 Patients considered as high risk at the time of surgery as defined in <i>Appendix A</i>. Patients who have undergone revisional surgery. Patients who are discharged against medical advice 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% complications		
	<u> </u>		

International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP	
Desired direction:	Lower is better	
Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry	

VDI Description			
KPI Description	Rate of Major Complications among High-Risk Patients within 30 days from		
(title):	Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complication/Outcome		
Definition:	Rate of major medical/surgical of among high-risk bariatric surge	-	the surgery date
	Numerator: Total number of hig undergone a principal bariatric su days of the principal bariatric su Denominator: Total number of undergone a principal bariatric s Bariatric Surgery CPT Codes: 4 43999 Major Complication Codes:	gh-risk patients (18 years or old surgery and had a major complications.) f high-risk patients (18 years or surgery during the reporting per 23644-43645, 43659, 43775, 43	cation(s) within 30 older) who have iod.
	ICD-10	CPT - Included	CPT
	I82 code range series	34001; 34051; 34101; 34111; 34151; 34201; 34203; 34401; 34421; 34451, 34471, 34490; 37619	N/A
	Z98.0; T82.533; T85.598; T85.638A	44602; 44604; 49320	N/A
Calculation:	L02.91; Z98.0	10030; 10080 - 10120; 11000 - 11047; 99601; 99602;	11042 - 11044
	K92.2	36430; 36440; ; 36450; 36455; Blood transfusion	N/A
	K56.50, K56.51, K56.52, K56.600, K56.601, K56.609	44180; 44602; 44604; 49320	N/A
	K63.1	44602; 44604; 49320	N/A
	K43.0	43281; 43282	N/A
	I21.01-29; I22.1-9; I23.08; I25.2	N/A	N/A
	163.00 - 163.9	N/A	N/A
	N17.8; N17.9; N19; N18.1 - N18.9	90935; 90937; 90945; 90947	N/A
	J96.0-J96.9	31500; 94660-94662	N/A
	R11.2	96365 - 96371; 96373 - 96376; 96379	N/A
	K91.30; K91.31; K91.32; K95.89	43775; 43848	N/A
	T81.4XXA; T81.4XXD; T81.4XXS; K95.01; K95.81	10040-10180; 11000-11047	N/A
		as high risk at the time of the pr	inciple bariatric
Inclusion	surgery as defined in Append		- L
inclusion			
	Patients who have undergon		
Exclusion	Patients who are discharged	against medical advice	
	Low-risk cases		
Reporting	Quarterly		
Frequency:			
Unit of Measure:	% complications		
International	Developed locally by modifying s	similar indicators used by MBSA	QIP
comparison if		, in the second	•
available			
avallable			

Desired direction:	Lower is better	
Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry	

Type: BS Quality Indi	cator	Indicator Number:	BS05
_	·	<u> </u>	•

KPI Description (title):	Re-operation Rate among Low-Risk Patients within 30 days from Primary Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complications		
	Re-operation rate among low-ris	k patients 18 years old o	or older within 30 days
Definition:	from primary principal bariatric procedure surgery. <i>Primary Principal Procedure:</i> The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.		
	Numerator: Total number of low- risk patients (18 years or older) who had a re-operation within 30 days of the primary principal bariatric surgery. Denominator: Total number of low-risk patients (18 years or older) who have undergone a primary principal bariatric surgery during the reporting period. Bariatric Surgery CPT Codes: 43644,43645, 43659, 43775, 43846,43847, 43999		
	Reason for RTOR	ICD-10	СРТ
Calculation:	Leak	Z98.0; T82.533; T85.598; T85.638A	
	Stricture / Bowel Obstruction	K56.49; K56.50; K56.51; K56.52; K56.600, K56.601, K56.609;	44602; 44604; 49320
	Perforations (non-traumatic)	K63.1	
	Severe Wound Infection	T81.32XA, T81.32XD, T81.32XS;	10030
	Incision & Drainage, Skin, Sub-Q and Accessory Structures		10040 - 10180; 11000 - 11047
Inclusion	Low-risk adult patients (18 years and above) with a primary principal bariatric surgery		
Exclusion	 Patient who are considered as high risk at the time of surgery as defined in Appendix A. Patients who have undergone revisional surgery. Patients who are discharged against medical advice 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% Complication rate		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for all prov	iders	
Data sources and guidance:	Hospital patient data source, bari	atric registry	

KPI Description (title):	Re-operation Rate amore Principal Bariatric Surg	0 0	rithin 30 days from
Domain	Patient Safety		
Sub-Domain	Complications		
Definition:	Re-operation rate among high-risk patients (18 years old or older) within 30 days from principal bariatric procedure surgery		
	Numerator: Total number of high-risk patients (18 years or older) who had a reoperation within 30 days of the principal bariatric surgery. Denominator: Total number of high-risk patients (18 years or older) who have undergone a principal bariatric surgery during the reporting period. Bariatric Surgery CPT Codes: 43644, 43645, 43659, 43775, 43846, 43847, 43848, 43999		
	Reason for RTOR	ICD-10	СРТ
Calculation:	Leak	Z98.0; T82.533; T85.598; T85.638A	
	Stricture / Bowel Obstruction	K56.49; K56.50; K56.51; K56.52; K56.600, K56.601, K56.609;	44602; 44604; 49320
	Perforations (non-traumatic)	K63.1	
	Severe Wound Infection	T81.32XA, T81.32XD, T81.32XS;	10030
	Incision & Drainage, Skin, Sub-Q and Accessory Structures		10040 - 10180; 11000 - 11047
Inclusion	 Patients who are considered as high risk at the time of the principle bariatric surgery as defined in Appendix A. Patients who have undergone a revisional surgery. 		
Exclusion	 Patients who are discharged against medical advice Low-risk cases 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% Complication rate		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for a	ll providers	
Data sources and guidance:	Hospital patient data source	e, bariatric registry	

KPI Description (title):	Unplanned Hospital Readmission among Low-Risk Patients within 30 days of the Primary Principal Bariatric Surgery
Domain	Patient Safety
Sub-Domain	Complications
Definition:	Percentage of low-risk bariatric patients (18 years or older) who had an unplanned hospital readmission within 30 days of the primary principal bariatric surgery encounter discharge date. Primary Principal Procedure: The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.
Calculation:	Numerator: Total number of low risk patients (18 years or older) who had an unplanned hospital readmission within 30 days of the primary principal bariatric surgery encounter discharge date. Denominator: Total number of discharged low-risk patients (18 years or older) who have undergone a primary principal bariatric surgery. Bariatric Surgery CPT Codes: 43644,43645, 43659, 43775, 43846,43847, 43999
Inclusion	Low-risk adult patients (18 years and above) with a primary principal bariatric surgery
Exclusion	 Patient who are considered as high risk at the time of surgery as defined in Appendix A Patients who undergoing revisional surgery. Patients who are discharged against medical advice
Reporting Frequency:	Quarterly
Unit of Measure:	% complication rate
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP
Desired direction:	Lower is better
	Notes for all providers
Data sources and guidance:	Hospital patient data source, bariatric registry

KPI Description (title):	Unplanned Hospital Readmission among High-Risk Patients within 30 days of the Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complications		
Definition:	Percentage of high-risk bariatric patients (18 years or older) who had an unplanned hospital readmission within 30 days of the principal bariatric surgery encounter discharge date.		
	Numerator: Total number of high-risk patients (18 years or older) who had an unplanned hospital readmission within 30 days of the principal bariatric surgery encounter discharge date.		
Calculation:	Denominator : Total number of discharged high-risk patients (18 years or older) who have undergone a principal bariatric surgery		
	Bariatric Surgery CPT Codes: 43644, 43645, 43659, 43775, 43846, 43847, 43848, 43999		
Inclusion	 Patients who are considered as high risk at the time of the principle bariatric surgery as defined in Appendix A. Patients who have undergone a revisional surgery. 		
Exclusion	 Patients who are discharged against medical advice Low risk cases 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% complication rate		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry		

KPI Description (title):	Death Rate among Low-Risk Patients within 30 days from Primary Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complications		
Definition:	Rate of death within 30 days following the primary principal bariatric surgery among low-risk patients 18 years or older. *Primary Principal Procedure:* The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.		
Calculation:	Numerator: Total number of low-risk patients (18 years or older) who died within 30 days of the primary principal bariatric surgery. Denominator: Total number of low-risk patients (18 years or older) who have undergone a primary principal bariatric surgery during the reporting period Bariatric Surgery CPT Codes: 43644,43645, 43659, 43775, 43846,43847, 43999		
Inclusion	• Low-risk adult patients (18 years and above) with a primary principal bariatric surgery.		
Exclusion	 Patients who are considered as high risk at time of surgery as defined in Appendix A. Patients who have undergone revisional surgery. Patients who are discharged against medical advice 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% Performance		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry		

KPI Description (title):	Death Rate among High-Risk Patients within 30 days from Principal Bariatric Surgery		
Domain	Patient Safety		
Sub-Domain	Complications		
Definition:	Rate of death within 30 days following the principal bariatric surgery among high-risk patients (18 years or older).		
	Numerator: Total number of high-risk patients (18 years or older) who died within 30 days of the principal bariatric surgery.		
Calculation:	Denominator: Total number of high-risk patients (18 years or older) who have undergone a principal bariatric surgery during the reporting period.		
	Bariatric Surgery CPT Codes: 43644, 43645, 43659, 43775, 43846, 43847, 43848, 43999		
Inclusion	 Patients who are considered as high risk at the time of the principle bariatric surgery as defined in Appendix A. Patients who have undergone a revisional surgery. 		
Exclusion	 Patients who are discharged against medical advice Low-risk cases 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% Performance		
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD, CQC, and MBSAQIP		
Desired direction:	Lower is better		
	Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry		

KPI Description (title):	Extended Length of Stay (LOS) > 7 days among Low-Risk Primary Principal Bariatric Surgery Patients		
Domain	Patient Safety		
Sub-Domain	Effectiveness/Process		
Definition:	The percentage of low-risk patients (18 years or older) undergoing primary principal bariatric surgery who had an extended postoperative LOS (>7 days). Primary Principal Procedure: The most complex bariatric operative procedure performed during this OR encounter AND the first metabolic or bariatric procedure for the patient to ever undergo.		
Calculation:	Numerator: Total number of low-risk patients who experienced extended length of stay (> 7 days) following the primary principal bariatric procedure. Denominator: Total number of low-risk patients (18 years or older) who have undergone a primary principal bariatric surgery. during the reporting period Bariatric Surgery CPT Codes: 43644,43645, 43659, 43775, 43846,43847, 43999		
Inclusion	Low-risk adult patients (18 years and above) with a primary principal bariatric surgery		
Exclusion	 Patient who are considered as high risk at the time of surgery as defined in Appendix A. Patients who have undergone revisional surgery. 		
Reporting Frequency:	Quarterly		
Unit of Measure:	% performance		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry		

KPI Description (title):	Extended Length of Stay (LOS) > 7 days among High-Risk Bariatric Surgery Patients		
Domain	Patient Safety		
Sub-Domain	Effectiveness/Process		
Definition:	The percentage of high-risk patients (18 years or older) who have undergone a principal bariatric surgery and had an extended postoperative LOS (>7 days).		
Calculation:	Numerator: Total number of high-risk patients (18 years or older) who experienced an extended length of stay (> 7 days) following the principal bariatric procedure. Denominator: Total number of high-risk patients (18 years or older) who have undergone a principal bariatric surgery during the reporting period. Bariatric Surgery CPT Codes: 43644, 43645, 43659, 43775, 43846, 43847, 43848, 43999		
Inclusion	 Patients who are considered as high risk at the time of the principle bariatric surgery as defined in Appendix A. Patients who have undergone a revisional surgery. 		
Exclusion	Low-risk cases		
Reporting Frequency:	Quarterly		
Unit of Measure:	% performance		
International comparison if available	Developed locally by modifying similar indicators used by MBSAQIP		
Desired direction:	Lower is better		
	Notes for all providers		
Data sources and guidance:	Hospital patient data source, bariatric registry		

Appendix A: Glossary

Term	Definition		
Low Risk	 No previous metabolic or bariatric surgical procedures (regardless of approach). Does not meet any of the "high risk" criteria below. 		
High Risk	To be considered high-risk, the patient must meet any one or more of the following criteria:		
	Revisional surgery		
	• BMI >50 (Z68.43, Z68.44, Z68.45)		
	• H/O Venous Thromboembolism (VTE) (Z86.718)		
	• Severe Obstructive Sleep Apnea (OSA) (G47.33)		
	Poor Functional Status (Z74.09) Total Control Contro		
	• H/O Acute Myocardial Infarction (AMI) (AMI – I21, I22 and I23 range and I25.2)		
	• H/O Percutaneous Coronary Intervention (PCI) (PCI - Z98.61)		
	• H/O End Organ Damage (N18.1 - N18.9)		
	• Transplant (Z94.0 - Z94.7 and Z94.81 - Z94.89)		
	• Age >55 yrs		
Primary Surgery	The first metabolic or bariatric procedure ever performed on the patient.		
Principal Surgery	The most complex bariatric operative procedure performed during this OR		
	encounter.		
Revisional	A revision is a procedure in which the patient has a history of having any		
Surgery	bariatric procedure at any time in the past and the current procedure		
	modifies all or part of the previous bariatric procedure.		

Appendix B: Approved procedure CPT codes:

СРТ	Description	
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	
43659	Unlisted laparoscopy procedure, stomach	
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	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie. Sleeve gastrectomy)	
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	

Appendix C: Minor Complications ICD-10 and CPT Codes:

Minor Complication	ICD-10	CPT - Included	CPT - Excluded
Marginal Ulcer diagnosed	K28 - K28.9; K56.7;	43235 - 43236;	N/A
with endoscopy		43239; 43259	
Anastomotic Stricture	K91.89	43245	N/A
Requiring Endoscopic			
dilatation			
Nausea / Vomiting	R11.2	96360; 96361	N/A
Urinary Tract Infection	N39.0		N/A
(UTI)			
Dehydration	E86.0	96360; 96361	N/A
Acute Renal Failure	N17.8; N17.9	96360; 96361	90935; 90937;
managed w/ IV fluids - no			90945; 90947
hemodialysis			
Unspecified Kidney Failure	N19	90935	N/A
Kidney stone	N20.0		N/A
Incisional Hernia	K43.2	N/A	N/A
Trocar surgical site	T81.4XXA;		N/A
infection managed with	T81.4XXD;T81.4XXS;		
drainage & local wound	K95.01; K95.81		
care			

Appendix D: Major Complications ICD-10 Codes

Complication	ICD-10	CPT - Included	CPT - Excluded
Venous Thrombembolism (VTE) requiring administration of anticoagulant or intervention, such as embolectomy or inferior vena cava (IVC) filter	I82 code range series	34001; 34051; 34101; 34111; 34151; 34201; 34203; 34401; 34421; 34451, 34471, 34490; 37619;	N/A
Anastomotic Leak requiring reoperation	Z98.0; T82.533; T85.598; T85.638A	44602; 44604; 49320	N/A
Percutaneous drainage of abscess, stent placement, or conservative management with parenteral nutrition or NPO	L02.91; Z98.0	10030; 10080 - 10120; 11000 - 11047; 99601; 99602;	11042 - 11044
Gastrointestinal hemorrhage requiring transfusion or intervention	K92.2	36430; 36440; 36455; 36450; with blood transfusion	N/A

Small bowel obstruction with reoperation	K56.49 - K56.50, K56.51, K56.52; K56.600, K56.601; K56.609	44180; 44602; 44604; 49320	N/A
Bowel perforation with reoperation	K63.1	44602; 44604; 49320	N/A
Trocar site hernia requiring reoperation	K43.0	43281; 43282	N/A
Myocardial infarction (AMI)	I21.01-29; I22.1-9; I23.08; I25.2	N/A	N/A
Cerebrovascular accident (CVA)	I63.00 - I63.9	N/A	N/A
Renal Failure requiring dialysis	N17.8; N17.9; N19; N18.1 – N18.9	90935; 90937; 90945; 90947	N/A
Respiratory failure requiring intubation	J96.0-J96.9	31500; 94660- 94662	N/A
Chronic nausea and vomiting not responsive to conservative management and requiring total parenteral nutrition (TPN)	R11.2	96365 – 96371; 96373 – 96376; 96379	N/A
Gastric sleeve stenosis/obstruction requiring revision to gastric bypass	K91.30, K91.31, K91.32; K95.89	43775; 43848	N/A
Surgical site infection (SSI – superficial, deep or organ space) requiring debridement, washout in the operating room, or percutaneous intervention	T81.4XXA; T81.4XXD; T81.4XXS; K95.01; K95.81	10040-10180; 11000-11047	N/A

Summary of Code Changes – Updated to 2018 ICD-10 CM & CPT (Quarter 3 2021)

Indicators	2015 ICD	2018 ICD
BS05 & BS06	K56.60; K56.5, K63.1, T81.32	K56.600, K56.601, K56.609, K63.1, T81.32XA, T81.32XD, T81.32XS
Appendix C: Minor Complications IC	D-10 and CPT Codes:	
Trocar surgical site infection managed with drainage & local wound care	T81.4xxx;	T81.4XXA; T81.4XXD; T81.4XXS;
Appendix D: Major Complications ICI		
Small bowel obstruction with reoperation	K56.60; K56.5	K56.50, K56.51, K56.52, K56.600, K56.601, K56.609
Gastric sleeve stenosis/obstruction requiring revision to gastric bypass	К91.3;	K91.30, K91.31, K91.32,
Surgical site infection (SSI – superficial, deep or organ space) requiring debridement, washout in the operating room, or percutaneous intervention	T81.4xxx;	T81.4XXA; T81.4XXD; T81.4XXS;
Appendix D: Major Complications CP	T Codes	
	2011 CPT	2018 CPT
administration of anticoagulant or intervention, such as embolectomy or inferior vena cava (IVC) filter	37620	37619
Gastrointestinal haemorrhage requiring transfusion or intervention	36444 (Typo Error)	36455 (correct CPT)
Trocar site hernia requiring reoperation	35902;	