




Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## Bariatric Surgery

- To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) .
- To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.
- Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670.

## Important information

- Procedure authorizations do not include the standard E&M code range
- All codes that are underlined under each reason name include the same range as code in parentheses.
- For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.

## Bariatric Surgery Consultations

[Evaluate& Treat- 3 visits or 6 visits \(99214\) Consult Only \(99202\), Second Opinion \(99203\)](#)

## Procedure (Referral Reason) Service Ranges:

**Adjustable gastric banding: (43770)**

[Procedure Standard Code Range Included](#)

43770, 43771, 43772, 43773, 43774, S2083

**Biliopancreatic Bypass: (43847)**

[Procedure Standard Code Range Included](#)

43847

**Biliopancreatic Diversion with Duodenal Switch (open and laparoscopic): (43845)**

[Procedure Standard Code Range Included](#)

43845

**Distal Gastric Bypass: (43846)**

[Procedure Standard Code Range Included](#)

43644, 43645, 43846, 43847, 43848



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### **Anastomosis Duodenal Switch (SADI-S): (43845)**

**Procedure Standard Code Range Included**

43845

### **Endogastric Solutions Stomaphy X Endoluminal Fastener: (43999)**

**Procedure Standard Code Range Included**

43999

### **Intragastric Balloon: (43290)**

**Procedure Standard Code Range Included**

43290, 43291

### **Gastric Bypass: (43644)**

**Procedure Standard Code Range Included**

43644

### **Gastric Bypass for Gerd: (43846)**

**Procedure Standard Code Range Included**

43844, 43845, 43846, 43847, 43848

### **Gastric stimulation (electrical): (43647)**

**Procedure Standard Code Range Included**

43647, 43648, 43659, 43881, 64590, 64595, 95980, 95981, 95982

### **Intestinal Bypass: (43644)**

**Procedure Standard Code Range Included**

43644, 43846, 43847

### **Jejunioileal Bypass: (43775)**

**Procedure Standard Code Range Included**

39540, 39541, 43235, 43236, 43281, 43282, 43774, 43775, 49326

### **Lap Band Adjustment: (S2083)**

**Procedure Standard Code Range Included**

S2083

### **Mini-gastric Bypass: (43999)**

**Procedure Standard Code Range Included**

43999

### **Roux-en-Y Laparoscopic: (43644)**

**Procedure Standard Code Range Included**

43644, 43645, 43846, 43847

### **Roux-en-Y Gastric Bypass: (43846)**

**Procedure Standard Code Range Included**

43844, 43845, 43846, 43847



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### **Sleeve Gastrectomy Laparoscopic: (43775)**

#### **Procedure Standard Code Range Included**

39540, 39541, 43235, 43236, 43281, 43282, 43774, 43775, 49326

### **Sleeve Gastrectomy Open: (43843)**

#### **Procedure Standard Code Range Included**

43843

### **Vertical Banded Gastroplasty (VBG): (43842)**

#### **Procedure Standard Code Range Included**

43842

Date	Description
07/24/2021	Created
	Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Standard Code Range for Procedures.
08/15/2022	Added 90736, 90750, 90759, C9088, C9089, C9092 to Eval & Treat, and Standard Code Range for Procedures Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits
08/18/2022	Updated name Lap Band revision to Lap Band Adjustment.
12/01/202	Removed J7336 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures as code now has Review requirement.
01/27/2023	Removed 99201 from Consult Only and Second Opinion. Removed Q5107, J2791, J2792, C9527 and G2064 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Added C9101, C9144, J0134, J0136, J0173, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2401, J2402, J3244, J3371, J3372, J9314, J9393, J9394 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
02/22/2023	Changed reason name from Duodenal Switch Single to Anastomosis Duodenal Switch (SADI-S).
03/15/2023	Removed 99239 and 99255 from Evaluate & Treat – 3 visits or 6 visits. Added 99418 and G0318 to Evaluate & Treat – 3 visits or 6 visits.
04/17/2023	Added 43290, 43291 to Gastric Balloon.

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	<p>Added 15853, 15854, 99484, 99492, 9993, and 99494 to Evaluate &amp; Treat – 3 visits or 6 visits.</p> <p>Added J7169 to Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p>
05/09/2023	<p>Added 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, C1943, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, G2023, G2024, J0612, J0613, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249, U0001, U0002, U0003, U0004, U0005 to Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p> <p>Removed J2400 and J9044 from Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p>
05/22/2023	<p>Removed J9041 from Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p>
06/01/2023	<p>Removed 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, J9318 and J9319 from Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.</p> <p>Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A Evaluate &amp; Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.</p>
06/09/2023	<p>Removed reasons Consult Only, Second Opinion Eval &amp; treat sections and Standard Code Range for Procedures.</p> <p>Added link for list of codes for Consult Only, Second Opinion Eval &amp; treat and Standard Code Range for Procedures.</p>
08/11/2023	<p>Corrected spelling for Rouen-Y Laparoscopic and Rouen-Y Gastric Bypass to Roux-en-Y Laparoscopic and Roux-en-Y Gastric Bypass.</p>
08/18/2023	<p>Changed name Gastric Balloon to Intra gastric Balloon and trigger code from 43999 to 43290. Removed CPT 43999 from Intra gastric Balloon.</p>
10/17/2023	<p>Removed 43235 and 43236 from Jejunioleal Bypass and Sleeve Gastrectomy Laparoscopic.</p>
02/07/2024	<p>Added 43235 and 43236 to Jejunioleal Bypass and Sleeve Gastrectomy Laparoscopic.</p>
06/20/2024	<p>Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link.</p>



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	Added Important information section. Updated Evaluate& Treat- 3 visits or 6 visits (99214) Consult Only (99202), Second Opinion (99203) link.
08/08/2024	For Clarification Under Important information- Removed statement- All Codes listed under each individual reason name and within the procedure Standard Code Range are included. And added new bullet -For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.

Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion.

CPT codes deleted by the American Medical Association or HCPC codes deleted by Centers for Medicare & Medicaid Services will remain eligible for payment for valid dates of service for 24 months to allow time for claims submission.