

2024 Billing and Coding Guide

SADI-S Physician Guide for Unlisted Procedure Codes

Single Anastomosis Duodenal-Ileal bypass with Sleeve gastrectomy (SADI-S) is a laparoscopic bariatric procedure for severe obesity. The procedure begins with a sleeve gastrectomy in which almost 80% of the stomach is reduced, leaving a smaller tube-shaped stomach. In the second step, a duodeno-ileal bypass is performed using an anastomosis between the duodenum and ileum. This creates an alternate route for food, bypassing a large part of the small bowel. These anatomical changes decrease oral intake and reduce the absorption of the nutrients and calories consumed.¹

CPT®² does not currently assign a code for the SADI-S procedure. The CPT® Manual requires that clinicians “[s]elect the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.” Unlisted codes are available within each section of the CPT manual for when a specific code to describe the procedure is not available. Below are some FAQs and a few guidelines to assist with the use of reporting unlisted codes for SADI-S.

SADI-S is typically an inpatient procedure. HCPCS³ codes are not used for hospital inpatient claims. For use in the outpatient setting there is not a recommended HCPCS code.

For information related to hospital ICD-10-PCS coding and related DRGs, please review Medtronic’s Bariatric Surgery billing and coding guide found at:

<https://www.medtronic.com/content/dam/covidien/library/us/en/services-support/reimbursement/reimbursement-coding-guide-medicare-bariatric-surgery.pdf>

What is the CPT code used to report the physician work associated with SADI-S?

Physicians will report the appropriate unlisted CPT procedure code for their professional service associated with the surgery. Providers are encouraged to review the payer’s bariatric/metabolic surgery medical policy as some payers have included guidance related to the use of 43999, 43659, 44799 or 44238.^{4,5}

Providers should only use alternate coding when expressly required by the payer. If no such guidance exists, the use of an unlisted CPT is recommended.

CPT® ¹ code	Description	2024 Medicare Physician Facility Fee Schedule ⁶
43659	Unlisted laparoscopy procedure, stomach	Carrier priced
43999	Unlisted procedure, stomach	Carrier priced
44799	Unlisted procedure, small intestine	Carrier priced
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Carrier priced

Frequently asked questions

What is the RVU assignment for an unlisted procedure code?

Relative value units (RVUs) are not allocated to unlisted codes because the codes do not identify usual procedural components, or the effort/skill required for the service. When using an unlisted code, it is necessary to provide specific information regarding the procedure(s) identified by the code (i.e., operative note, history and physical). The supporting documentation should include an adequate definition or description of the nature, extent and need for the procedure or service, as well as the time, effort, and equipment necessary to provide the service.

How is payment determined for an unlisted code?

Unlisted procedures are typically manually priced since they are used to report a variety of procedures without a dedicated code. The provider must submit documentation as to the work completed. A comparable code may be suggested that has a similar approach or anatomic site, and/or requires a comparable amount of clinical expertise or time.

As payers may perform a more detailed review of a claim when an unlisted code is submitted, expect a delay in claim processing. Be prepared to appeal if the decision is not favorable.

Should modifiers be used with an unlisted code?

No, it is not appropriate to append any modifier to an unlisted code because modifiers are used to indicate that a service or procedure has been altered by some specific circumstance, but not changed in its definition or code. Unlisted codes do not describe a specific service; therefore, it is not necessary to utilize modifiers.

Is SADI-S covered by insurance?

Some payers may address coverage for SADI-S within their bariatric/metabolic surgery medical policies. Providers are encouraged to verify coverage and benefits prior to providing care. For assistance with understanding the coverage in your area, please contact the Medtronic Medical Surgical Reimbursement Support Program at Rs.MedtronicMedicalSurgicalReimbursement@Medtronic.com.

Can unlisted procedure codes be pre-authorized?

Prior authorization options vary by payer. Medicare Fee for Service does not allow for prior authorization for bariatric procedures. If reporting an unlisted procedure code to Medicare FFS, coverage will be determined based on a review of documentation and assessment of medical necessity when the claim is submitted. As discussed above, providers should be prepared to document the work provided associated with the surgery as this is used for rate assignment.

Commercial payers have various processes for authorization of unlisted codes. Providers are encouraged to check with the individual insurance carrier to determine the requirement for each patient. Generally, prior authorization is allowed as the service is not defined by the CPT or RVU. When obtaining a prior authorization, you may want to consider drafting a letter of medical necessity (LMN). These letters must be customized to the payer and the patient.

What to consider including in a letter of medical necessity

This information is for your consideration and may not include all the information necessary to support your request.

- Patient specific information-such as name, date of birth, policy number
- Description of SADI-S procedure with applicable unlisted CPT code
- Explanation of the clinical rationale leading to the decision to perform the SADI-S procedure. You may include:
 - Patient's relevant medical history including current clinical presentation: symptoms, severity, impact on quality of life and activities of daily living, etc.
 - Any significant risk factors, comorbidities, or other relevant medical history (e.g. compliance with other therapies/interventions)

- Identification of a comparable procedure(s) to assist the payer in establishing payment level
 - Define what the procedure entailed and how much more difficult/less difficult it was to perform than the comparable code
 - Provide charge for the comparable CPT code and list percentage that SADI-S procedure is less or more difficult than the comparator code. Additionally, include the charges that will be reported for the SADI-S procedure

References

1. <https://www.ifso.com/sadis-patient-info/>
2. CPT copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
3. Centers for Medicare and Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Quarterly Update. <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update>.
4. BlueCross BlueShield of North Carolina. Corporate Medical Policy: Bariatric Surgery. https://www.bluecrossnc.com/content/dam/bcbsnc/pdf/providers/policies-guidelines-codes/policies/commercial/surgery/bariatric_surgery.pdf. Published May 1983. Last Reviewed April 2023.
5. UPMC. Policy and Procedural Manual. Bariatric/Metabolic Surgery. <https://embed.widencdn.net/pdf/plus/upmc/sdwn1nfe4n/MP.PA.040.pdf>. Effective 1.2024.
6. Centers for Medicare and Medicaid Services. Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (88 Fed. Reg. No. 220 78818-80047) <https://www.govinfo.gov/content/pkg/FR-2023-11-16/pdf/2023-24184.pdf>. 2024 National Physician Fee Schedule Relative Value File January Release <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a>. Published Jan 3, 2024.

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Resources

Medtronic Reimbursement Support is available to assist you with your coding and reimbursement questions. If your coding or reimbursement questions were not answered in this guide, please check out these additional resources:



Visit our website: <https://www.medtronic.com/covidien/en-us/support/reimbursement.html>



Email us: rs.MedtronicMedicalSurgicalReimbursement@medtronic.com

C-code Finder