



Laparoscopic Adjustable Gastric Banding (LAGB) – Gastric Band Adjustment

Policy Number: POL-PP-253

Original Creation Date 4/1/2025

Version Number: 002

Version Effective Date 4/1/2025

Policy Status: Active

Next Review Date 4/1/2027

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

| | | | | | |
|--|--|------------------------------|---|------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> PROFESSIONAL | <input checked="" type="checkbox"/> FACILITY | <input type="checkbox"/> DME | <input type="checkbox"/> AMBULATORY SURGERY | <input type="checkbox"/> LAB | <input type="checkbox"/> OTHER |
|--|--|------------------------------|---|------------------------------|--------------------------------|

LINES OF BUSINESS IMPACTED

| | | | | | | |
|--|---|--|---|--|--|---------------------------------|
| <input checked="" type="checkbox"/> COMMERCIAL | <input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE | <input checked="" type="checkbox"/> ACA QHP ¹ | <input checked="" type="checkbox"/> SMALL GROUP ACA | <input checked="" type="checkbox"/> JAA ² | <input checked="" type="checkbox"/> FEP ³ | <input type="checkbox"/> DENTAL |
|--|---|--|---|--|--|---------------------------------|

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Gastric band surgery is one type of bariatric surgery procedure that's adjustable and reversible. The gastric band is an

adjustable, inflatable tube made of soft silicone. It's placed around the upper portion of the stomach to form a ring. This inflatable ring is connected to a port that is placed underneath the skin. The surgeon can tighten the fit of the band by accessing the skin port and injecting with saline fluid, enough to allow a small outlet between the upper portion of the stomach and the lower part.

Policy

The routine adjustments of a gastric band by saline injection and aspiration, which is a nonsurgical procedure, is a standard postoperative component of 43770, Laparoscopic placement of adjustable gastric restrictive device.

If a surgeon adjusts the lap band using saline injection or aspiration during the global period (90 days), the service is not separately billable. Rather, it is part of the standard, post-operative treatment.

The number and frequency of adjustments to the band depends on individual consideration(s). Most patients have between 5 and 8 adjustments within the first year after surgery.

Claims for an adjustment of a gastric restrictive device after the global period (90 days after surgery) may be reimbursable in the office setting with HCPCS codes S2083 adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.

Gastric Band Fill with Evaluation and Management Service

An adjustment of the gastric band and an evaluation and management service (E/M) service are not payable on the same day of service. An E/M and the adjustment of a gastric band will only be allowed on the same day if there was a significantly separate service provided. Modifier 25 should be appended to the E/M code to indicate the E/M service was a significantly separate service.

Modifier 25 indicates on the day of a procedure, the patient's condition required a significant, separately identifiable E/M service, beyond the usual pre- and post-operative care associated with the procedure or service performed.

Modifier 25 should not be used when the sole purpose of the encounter is for the procedure (adjustment of gastric band), and there is no documented medical necessity for a separate E/M service. The decision to perform a minor procedure is included in the payment for the procedure and should not be reported as a separate E/M service.

Fluoroscopy

While most band fills can be performed without fluoroscopy, if fluoroscopy (76000) is performed in conjunction with the gastric band bill, it is not separately payable. CPT 76000 (Fluoroscopy up to 1 hour physician or other qualified health care professional time) is a "separate procedure" code. This means when performed with other related procedures during the same session it is not reimbursable.

No payment shall be made for items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Medical necessity determines whether health care services are reasonable and necessary to diagnose or treat an illness or injury. It is based on evidence-based clinical standards of care.

Evidence Based Clinical Standards of Care

- Medically necessary
- Consistent with the patient's diagnosis or symptoms
- Based on generally accepted medical standards

- Provided at the most appropriate level of care
- Provided to treat the patient’s condition, not for convenience
- Reasonable in the amount, frequency, and duration of the services

If upon review medical records do not meet these requirements payment may be denied

Coding

| CPT/HCPCS | Definition |
|-----------|--|
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components) |
| S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline |
| 76000 | Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time |

References and Resources

Blue KC Provide Reference Guide
 American Medical Association
 Centers for Medicare and Medicaid Services

Related Documents

NA

Revision History

| Version | Date | Summary of Revisions |
|---------|----------|--|
| 001 | 4/1/2025 | Initial Version |
| 002 | 4/1/2026 | Annual review. No updates or changes were made to the policy |