

Endoscopic Sleeve Gastroplasty (ESG) Gains CPT Code Effective January 1, 2026

1. What is Endoscopic Sleeve Gastroplasty (ESG)?

Effective January 1, 2026, endoscopic sleeve gastroplasty (ESG) will have an official category I CPT code (43889), formally recognizing this procedure as an established, evidence-based intervention to treat obesity. Bariatric providers can now pursue standardized billing, prior authorization, contracting and reimbursement processes across commercial and public payers.

ESG is a minimally invasive, incisionless procedure performed using full-thickness endoscopic suturing to reduce gastric volume. ESG mimics the restrictive component of a surgical sleeve gastrectomy, without gastric resection. By decreasing gastric volume and slowing gastric emptying, ESG produces early satiety and durable weight loss with a favorable safety profile and outpatient recovery.

When studied in class I and II obesity, the MERIT trial demonstrated average participant weight loss of 13.6% at 52 weeks. 80% of participants showed improvement in one or more metabolic comorbidity ((Abu Dayyeh BK). Weight loss following ESG is typically higher than medical or lifestyle therapy alone and lower than bariatric surgery, but individual results vary (Docimo et al, Han et al, Hascom et al, Novikov et al, Salminen et al).

2. Indications for ESG

ESG is FDA indicated for adults with BMI 30 to 50. Bariatric providers may consider offering ESG to patients in the following scenarios:

1. **Primary therapy** for patients with obesity seeking nonsurgical obesity management,
2. **Bridge therapy** for patients with contraindications to bariatric surgery, such as planned pregnancy within 12 months, active cancer treatment, or advanced organ dysfunction,
3. **Pre-surgical optimization** to improve candidacy for bariatric surgery
4. **Management of weight recurrence** or revision following bariatric procedures
5. **Multimodal care** as part of a plan including anti-obesity medications, dietary and exercise interventions.

Evidence supports ESG as a safe and effective option for weight loss and metabolic improvement in comorbidities such as type 2 diabetes, hypertension, dyslipidemia. Durability has been demonstrated beyond five years for this procedure.

3. Reimbursement of Endoscopic Sleeve Gastroplasty (ESG)

Reimbursement of ESG varies by insurance payor and policy despite the issuance of a formal CPT code 43889 for this procedure. This CPT code has been assigned 12.56 RVU (relative value units). This RVU is not affected by the CMS Efficiency Adjustment because this is a brand-new CPT code.

Payor coverage of ESG is expected to improve due to issuance of CPT code 23889 for this procedure, however current payor coverage is not routine. Amongst commercial insurers, coverage is best supported by Anthem Blue Cross and United Healthcare (Shah et al). Medicaid, Medicare, and most commercial insurers do not consistently provide ESG coverage.

In any prior authorization or appeal to a payor for ESG coverage, it is recommended to include documentation of the patient's weight loss efforts and evidence-based clinical reasoning for selecting ESG as an appropriate intervention.

Prepared by:

ASMBS Insurance Committee
American Society for Metabolic and Bariatric Surgery
Date: December 2025

Citations

1. Abu Dayyeh BK, Bazerbachi F, Vargas EJ, Sharaiha RZ, Thompson CC, Thaemert BC, Teixeira AF, Chapman CG, Kumbhari V, Ujiki MB, Ahrens J, Day C; MERIT Study Group; Galvao Neto M, Zundel N, Wilson EB. Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial. *Lancet*. 2022 Aug 6;400(10350):441-451. doi: 10.1016/S0140-6736(22)01280-6. Epub 2022 Jul 28. PMID: 35908555.
2. Alqahtani AR, Elahmedi M, Aldarwish A, Abdurabu HY, Alqahtani S. Endoscopic gastroplasty versus laparoscopic sleeve gastrectomy: a noninferiority propensity score-matched comparative study. *Gastrointest Endosc*. 2022 Jul;96(1):44-50. doi: 10.1016/j.gie.2022.02.050. Epub 2022 Mar 3. PMID: 35248571.
3. Docimo S Jr, Aylward L, Albaugh VL, Afaneh C, El Djouzi S, Ali M, Altieri MS, Carter J; American Society for Metabolic and Bariatric Surgery Clinical Issues Committee. Endoscopic sleeve gastroplasty and its role in the treatment of obesity: a systematic review. *Surg Obes Relat Dis*. 2023 Nov;19(11):1205-1218. doi: 10.1016/j.soard.2023.08.020. Epub 2023 Sep 16. PMID: 37813705.
4. Han Y, Jia Y, Wang H, Cao L, Zhao Y. Comparative analysis of weight loss and resolution of comorbidities between laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass: A systematic review and meta-analysis based on 18 studies. *Int J Surg*. 2020 Apr;76:101-110. doi: 10.1016/j.ijvsu.2020.02.035. Epub 2020 Mar 6. PMID: 32151750.
5. Hanscom M, Baig MU, Wright D, Baqain L, Johnson KE, Kumbhari V, Sullivan S, Dayyeh BA, Mahadev S, Newberry C, Sampath K, Carr-Locke D, Thompson C, Sharaiha R. Endoscopic Sleeve Gastroplasty for the Treatment of Metabolic Syndrome: A Systematic Review and Meta-analysis. *Obes Surg*. 2025 Jun;35(6):2092-2100. doi: 10.1007/s11695-025-07842-4. Epub 2025 Apr 8. PMID: 40199821.

6. Novikov AA, Afaneh C, Saumoy M, Parra V, Shukla A, Dakin GF, Pomp A, Dawod E, Shah S, Aronne LJ, Sharaiha RZ. Endoscopic Sleeve Gastroplasty, Laparoscopic Sleeve Gastrectomy, and Laparoscopic Band for Weight Loss: How Do They Compare? *J Gastrointest Surg*. 2018 Feb;22(2):267-273. doi: 10.1007/s11605-017-3615-7. Epub 2017 Nov 6. PMID: 29110192.
7. Salminen P, Grönroos S, Helmiö M, Hurme S, Juuti A, Juusela R, Peromaa-Haavisto P, Leivonen M, Nuutila P, Ovaska J. Effect of Laparoscopic Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass on Weight Loss, Comorbidities, and Reflux at 10 Years in Adult Patients With Obesity: The SLEEVEPASS Randomized Clinical Trial. *JAMA Surg*. 2022 Aug 1;157(8):656-666. doi: 10.1001/jamasurg.2022.2229. PMID: 35731535; PMCID: PMC9218929.
8. Shah, Sagar MD*; Bahdi, Firas MD; Kozan, Philip MD; Kim, Stephen MD; Sedarat, Alireza MD; Dutson, Erik MD1; Thaker, Adarsh MD; Muthusamy, V. Raman MD, MAS; Issa, Danny MD. S1787 Real-World Experience With Insurance Coverage for Endoscopic Bariatric Therapies: A Cross-Sectional Analysis From a Large Academic Medical Center. *The American Journal of Gastroenterology* 118(10S):p S1325-S1327, October 2023. | DOI: 10.14309/01.ajg.0000956788.35907.ef
9. Singh S, Hourneaux de Moura DT, Khan A, Bilal M, Ryan MB, Thompson CC. Safety and efficacy of endoscopic sleeve gastroplasty worldwide for treatment of obesity: a systematic review and meta-analysis. *Surg Obes Relat Dis*. 2020 Feb;16(2):340-351. doi: 10.1016/j.soard.2019.11.012. Epub 2019 Dec 10. PMID: 31932205; PMCID: PMC7009311.