



Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

MEDICAL POLICY STATEMENT	
North Carolina Marketplace	
Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery: Revision-NC-MP-MM-1407	05/01/2023-09/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject**Metabolic and Bariatric Surgery: Revision****B. Background**

Revision procedures are typically done because of complications from or a failure of the initial surgical procedure. Complications may include surgical or anatomical complications, as well as nutritional or metabolic complications. A failure of the initial bariatric surgery may result in an inadequate weight loss or a weight regain.

C. Definitions

- **Revision** - Maintaining the same anatomy as the primary surgery.
- **Inadequate Weight Loss** - Less than 50% expected weight loss and/or weight remains greater than 40% over ideal body weight (normal body weight BMI parameter range 18.5-24.9).

D. Policy

- I. CareSource considers surgical revision of a bariatric surgery procedure a covered service when medically necessary.
- II. An inadequate weight loss due only to non-compliance with dietary, behavioral, or exercise recommendations is not a medically necessary indication for a revision procedure, including stretching of a stomach pouch due to overeating.
- III. A revision procedure is medically necessary when **ALL** the following criteria are met and documented in the medical record:
 - A. Surgery/procedure selected is a proven procedure and not considered experimental/investigational; and
 - B. A technical failure or major complication has occurred from the initial procedure that cannot be managed medically. Technical failure and major complication examples include the following:
 1. Persistent pain and recurrent bleeding occur;
 2. Chronic stenosis remains after multiple dilations;
 3. Faulty component or malfunction that cannot be repaired;
 4. Candy cane Roux syndrome;
 5. Complications that cannot be corrected with band manipulation; adjustments or replacement including band slippage and port leakage; or
 6. Obstruction confirmed by imaging studies;
- IV. In the absence of a technical failure or major complication, individuals with weight loss failure \geq two years following the initial bariatric surgery procedure must meet medical necessity requirements in the medical policy that applies to an initial bariatric surgery.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

- Medical Necessity Determinations
- Metabolic and Bariatric Surgery
- Experimental and Investigational Item or Service

G. Review/Revision History

	DATE	ACTION
Date Issued	02/01/2023	New Policy
Date Revised		
Date Effective	05/01/2023	
Date Archived	09/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Eisenberg D, et al. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders: Indications for Metabolic and Bariatric Surgery Disorders (IFSO). Surgery for Obesity and Related Diseases 18 (2022) 1345–1356. Retrieved January 18, 2023 from www.soard.org.
2. Ellsmere, J. (2020, May). Late complications of bariatric surgical operations. Retrieved January 3, 2023 from www.uptodate.com.
3. Federal Drug Administration. (2020, April 27). Weight-Loss and Weight-Management Devices. Retrieved January 3, 2023 from www.fda.gov.
4. Mechanisk, J, Apovian, et al. (April 2020). AACE/TOS/ASMBS/OMA/ASA 2019 Guidelines. Clinical practice Guidelines for the Perioperative Nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures – 2020 Update: Cosponsored by American Association of Clinical Endocrinologist/American College of Endocrinology, The Obesity Society, American Society for Metabolic & Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists. Obesity. 28(4). Retrieved January 3, 2023 from www.onlinelibrary.wiley.com.
5. Palep, J. (2019, May 31). Reoperative Bariatric Surgery in Khanna S, Recent Advances in Minimal Access Surgery. (pp 14-151). JP Medical Ltd.
6. Yung-Chieh, Y, Huang, C, Tai, C. (2014, September). Current Opinion in Psychiatry. 27(5). doi: 10.1097/YCO.0000000000000085.

Independent medical review – 7/2020

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.