CareSource

MEDICAL POLICY STATEMENT
GEORGIA MEDICAID

Policy Name	Policy Number	Date Effective
Metabolic and Bariatric Surgery: Revision	MM-1060	11/01/2021- 10/31/2022

Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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.

Table of Contents

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 = 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, behavior, or exercise recommendations is not a medically necessary indication for a revision procedure.

III. A revision procedure is medically necessary when all of 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.
      1. Technical failure and major complication examples:
         a. Persistent pain and recurrent bleeding occur;
         b. Chronic stenosis remains after multiple dilations;
         c. Faulty component or malfunction that cannot be repaired;
         d. Candy cane Roux syndrome;
         e. Complications that cannot be corrected with band manipulation; adjustments or replacement including band slippage and port leakage; or
         f. Obstruction confirmed by imaging studies.

   NOTE: Stretching of a stomach pouch formed by a previous bariatric surgery due to overeating, is not considered a complication and is not considered medically necessary.

IV. In the absence of a technical failure or major complication, individuals with weight loss failure ≥ two years following the initial bariatric surgery procedure must meet the initial medical necessity criteria for surgery.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

Metabolic and Bariatric Surgery in Adults 20 and older
Metabolic and Bariatric Surgery in Adolescents
Experimental or Investigational Item or Service

G. Review/Revision History

	DATE	ACTION
Date Issued	07/22/2020	New policy – Separated out from policies listed in Related policies/rules
Date Revised	06/23/2021	PA language replaced by medical necessity criteria. PA enforced by inclusion on the PA list. Updated references.
Date Effective	11/01/2021	
Date Archived	10/31/2022	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. 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 June 17, 2021 from www.onlinelibrary.wiley.com
2. Federal Drug Administration. (2020, April 27). *Weight-Loss and Weight-Management Devices*. Retrieved June 17, 2021 from www.fda.gov
3. Yung-Chieh, Y, Huang, C, Tai, C. (2014, September). *Current Opinion in Psychiatry*. 27(5). doi: 10.1097/YCO.0000000000000085
4. Palep, J. (2019, May 31). Reoperative Bariatric Surgery in Khanna S, *Recent Advances in Minimal Access Surgery*. (pp 14-151). JP Medical Ltd.
5. Ellsmere, J. (2020, May). Late complications of bariatric surgical operations. Retrieved June 17, 2021 from www.uptodate.com
6. Federal Drug Administration. (2020, April 27). *Weight-Loss and Weight-Management Devices*. Retrieved June 17, 2021 from www.fda.gov

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

Independent medical review – 7/2020