



## MEDICAL POLICY STATEMENT INDIANA MEDICAID

| Policy Name                                | Policy Number  | Date Effective        |
|--|----------------|-----------------------|
| Metabolic and Bariatric Surgery - Revision | MM-1059        | 12/01/2020-11/30/2021 |
| Policy Type                                |                |                       |
| MEDICAL                                    | Administrative | Pharmacy              |
|  |                | Reimbursement         |

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A. Subject

**Metabolic and Bariatric Surgery - Revision**

B. Background

Members may require subsequent surgery because of a complication during the perioperative period. They may also require a revision to correct a technical failure.

C. Definitions

D. Policy

I. Prior Authorizations

- A. A revision procedure to repair a complication or to correct a technical failure requires a prior authorization (PA).
- B. A PA for revision or conversion to Roux-en-Y includes a medical review of documentation.
- C. A PA is required for HCPCS procedure code S2083 – Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.

II. A prior authorization for a surgical revision of a bariatric surgery procedure must include the following documentation:

A. The reason for the revision procedure

1. Complication examples:

- a. Gastrointestinal leakage
- b. Stomal stenosis
- c. Anastomatic leakage
- d. Abscess
- e. Pulmonary embolism (PE)
- f. Wound infection
- g. Wound dehiscence
- h. Gastrointestinal bleeding
- i. Small Bowel Obstruction (SBO)
- j. Incisional hernia
- k. Symptomatic gallbladder disease

2. Technical failure examples:

- a. Staple-line disruption – Documented by X-ray or endoscopy
- b. Gastrogastric fistula with weight gain
- c. Expanded outlet – Documented by gastroscopy
- d. Enlarged anastomosis – Documented by gastroscopy
- e. Intolerance to solid food after a band procedure
- f. Intractable reflux after a band procedure
- g. Weight loss as a result of anastomotic stenosis
- h. Stomal ulceration

B. Date of the original surgery

C. If a revision of bariatric surgery is due to the noncompliant behavior of the member, 6 months of documentation is required and is to include the following:

- 1. Member participation in all preoperative and postoperative evaluations and sessions included in the treatment plan.



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2. Member participation in the preoperative and postoperative sessions with a bariatric dietician included in the treatment plan.
3. An evaluation by a psychiatrist or licensed health service provider in psychology (HSPP) that reflects the absence of behavioral health contraindications to a successful outcome to revision of the bariatric surgery.

#### E. Conditions of Coverage

#### F. Related Policies/Rules

Metabolic and Bariatric Surgery for 18 years of age and older  
Metabolic and Bariatric Surgery for <18 years of age

#### G. Review/Revision History

| DATE                  |            | ACTION   |
|-----------------------|------------|--|
| <b>Date Issued</b>    | 07/22/2020 | New policy – Separated out from metabolic and bariatric surgery policies.  |
| <b>Date Revised</b>   |            |  |
| <b>Date Effective</b> | 12/01/2020 |  |
| <b>Date Archived</b>  | 11/30/2021 | 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. Indiana Healthcare Program Bulletin (2014, April 29). BT201420. Retrieved June 5, 2020 from [www.provider.indianamedicaid.com](http://www.provider.indianamedicaid.com)
2. Indiana Family & Social Services Administration. (2019, January). Surgical Services. Retrieved June 5, 2020 from [www.in.gov](http://www.in.gov)

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

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Date Issued 07/22/2020

OMPP Approved 09/22/2020