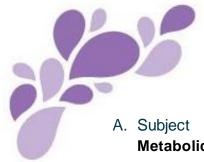


MEDICAL POLICY STATEMENT INDIANA MEDICAID				
Poli	cy Name	Policy Number	Date Effective	
Metabolic and	Bariatric Surgery -	MM-1059	12/01/2020-11/30/2021	
Revision				
Policy Type				
MEDICAL	Administrative	Pharmacy	Reimbursement	
•			sessment guidelines, other medical Ily necessary services include, but are ne diagnosis or treatment of diseas e,	
not limited to, those healt illness, or injury and with function, dysfunction of a medical practice in the lo member or provider. Med Medical Policy Statemen	th care services or supplies that a but which the patient can be exp body organ or part, or significan cal area, are the lowest cost alte lically necessary services also ind ts, Provider Manuals, Member Ha	are proper and necessary for the ected to suffer prolonged, incre- t pain and discomfort. These mative, and are not provided clude those services defined in andbooks, and/or other policie	Ily necessary services include, but are ne diagnosis or treatment of diseas e, eased or new morbidity, impairment of services meet the standards of good mainly for the convenience of the n any Evidence of Coverage documents	

the determination.

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Metabolic and Bariatric Surgery - Revision INDIANA MEDICAID MM-1059 Effective Date: 12/01/2020

- 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.





Metabolic and Bariatric Surgery - Revision INDIANA MEDICAID MM-1059 Effective Date: 12/01/2020

- Member participation in the preoperative and postoperative sessions with a 3. bariatric dietician included in the treatment plan.
- 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
Date Issued	07/22/2020	New policy – Separated out from metabolic and bariatric surgery policies.
Date Revised		
Date Effective	12/01/2020	
Date Archived	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
- 2. Indiana Family & Social Services Administration. (2019, January). Surgical Services. Retrieved June 5, 2020 from www.in.gov

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

IN-MED-P-235169

Date Issued 07/22/2020

OMPP Approved 09/22/2020

