

MEDICAL POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery-Revision-AR PASSE-MM-1148	06/01/2025
Policy Type	
MEDICAL	

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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

- **Revisional Bariatric Surgery (RBS)** – surgery to address those patients whose original operation was unsuccessful in achieving satisfactory weight loss goals, or in whom complications from the original operation have occurred.
- **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. An inadequate weight loss due strictly to non-compliance with dietary, behavior, or exercise recommendations is not a medically necessary indication for a revision procedure.
- II. 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.
 - 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
 6. 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 an indication for revision.

- III. In the absence of a technical failure or major complication, individuals with weight loss failure ≥ 2 years following the initial bariatric surgery procedure must meet the medical necessity criteria in the medical policy for an initial bariatric surgery.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Metabolic and Bariatric Surgery
Experimental and Investigational Item or Service

G. Review/Revision History

DATE		ACTION
Date Issued	01/06/2021	
Date Revised	06/22/2022	Re-worded section III re: medical necessity for revision bariatric surgery. Updated references.
	06/21/2023	Annual review. Updated references. Approved at Committee.
	06/19/2024	Added definition of Revisional bariatric surgery (RBS). Updated references. Approved at Committee
	02/26/2025	Updated references. Approved at Committee.
Date Effective	06/01/2025	
Date Archived		

H. References

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2. Ellsmere J. Bariatric operations: late complications with subacute presentations. Updated July 18, 2023. Accessed June 17, 2024. www.uptodate.com
3. Gastric Restrictive Procedure with Gastric Bypass (S-512). MCG. 28th ed. 2024. Accessed January 14, 2025. www.careweb.careguidelines.com
4. Mechanisk J, Apovian C, et al. 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.* 2020;28(4):01-58. doi:10.1002/oby.22719
5. Palep J. Reoperative bariatric surgery. *Recent Advances in Minimal Access Surgery.* JP Medical Ltd; 2019:14-151.
6. *Weight-Loss and Weight-Management Devices.* Federal Drug Administration; 2020. Accessed January 14, 2025. www.fda.gov
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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.