CareSource PASSE

MEDICAL POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery-Revision-AR PASSE-MM-1148	06/01/2026
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
- **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. 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** 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
Medical Necessity Determinations
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 06/21/2023 06/19/2024 02/26/2025 02/25/2026	Re-worded section III re: medical necessity for revision bariatric surgery. Updated references. Annual review. Updated references. Approved at Committee. Added definition of Revisional bariatric surgery (RBS). Updated references. Approved at Committee Updated references. Approved at Committee. Updated references. Approved at Committee.
Date Effective	06/01/2026	
Date Archived		

H. References

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Independent medical review – 7/2020