



Metabolic and Bariatric Surgery-Revision-OH- MCD-MM-1061	12/01/2023

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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 .....	2
B. Background .....	2
C. Definitions.....	2
D. Policy .....	2
E. Conditions of Coverage .....	3
F. Related Policies/Rules .....	3
G. Review/Revision History .....	3
H. References .....	3



A. Subject



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

-  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.
-  -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;



medical necessity requirements in the medical policy that applies to an initial  
bariatric surgery. i



5. Yung-Chieh, Y, Huang, C, Tai, C. (2014, September). *Current Opinion in Psychiatry*. 27(5). doi: 10.1097/YCO.0000000000000085.

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