

MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery-Revision GA-MCD-MM-1060	06/01/2024

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A. Subject

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

IV. In the absence of a technical failure or major complication, individuals with weight ORVVIDLONW who 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

N/A

F. Related Policies/Rules

Metabolic and Bariatric Surgery
 Experimental or Investigational Item or Service

G. Review/Revision History

DATE		ACTION
Date Issued	07/22/2020	New policy – Separated out from policies listed in Related policies/rules
Date Revised	06/23/2021	PA language replaced by medical necessity criteria. PA enforced by inclusion on the PA list. Updated references.
	06/22/2022	Reworded language in section IV, Updated references.
	06/21/2023	Annual review; no changes. Updated references. Approved at Committee.
	02/14/2024	E-voted change on definition of Revisional Bariatric Surgery
Date Effective	06/01/2024	
Date Archived		

H. References

1. Ellsmere, J. (2020, May). Late complications of bariatric surgical operations. Accessed June 1, 2023 from www.uptodate.com.
2. Federal Drug Administration. (2020, April 27). *Weight-Loss and Weight-Management Devices*. Accessed June 1, 2023 from www.fda.gov.
3. Mechanisk, J, Apovian C, et al. (April 2020). AACE/TOS/ASMBS/OMA/ASA 2019 Guidelines. Clinical practice Guidelines for the Perioperative Nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures – 2020 Update:

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