Gastric Pacing and Gastric Electrical Stimulation (GES) for Gastroparesis

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Gastroparesis is a chronic gastric motility disorder of diabetic or idiopathic etiology. It is characterized by delayed gastric emptying of solid meals. Patients with gastroparesis exhibit bloating, distension, nausea, and/or vomiting. In severe and chronic cases, patients may suffer dehydration, poor nutritional status, and poor glycemic control.

Gastric Pacing or Gastric Electrical Stimulation for Gastroparesis is utilized to treat individuals with chronic, intractable, or drug-refractory nausea and vomiting secondary to gastroparesis. A gastric pacing system delivers electrical stimulation to the gastric muscles by means of two leads that are implanted directly into the stomach and connected to a generator that is implanted into the abdominal area. The device is regulated by an external programmer that non-invasively adjusts the level of gastric stimulation and also allows the device to be completely turned off at any time. Internal battery replacement is required every five to ten years.

Criteria

Commercial

Prior authorization is required

I. Initial implantation of Gastric Electric Stimulation

A. PacificSource considers Gastric Electric Stimulation to be medically necessary when **ALL** of the following criteria is met:

1. Member is between the age of 18 and 70 years old

2. Chronic intractable nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology

3. Diagnosis of chronic gastroparesis is confirmed by gastric emptying scintigraphy

4. Gastroparesis has not responded to medical management such as:

a. Dietary modification

b. Pharmaceutical therapy (e.g., antiemetics and prokinetics)

II. Revision or Removal of Gastric Electric Stimulation

A. PacificSource considers gastric pacing revision or removal of a previously approved implementation device medically necessary, when **ONE** of the following complications associated with gastric pacing is present:

1. Bowel obstruction

2. Gastric wall perforation

3. Infection

4. Lead dislodgement

5. Lead erosion into the small intestine

III. Replacement of Gastric Electric Stimulation

A. PacificSource considers replacement of a gastric pacing device medically necessary when the original device met PacificSource placement criteria and replacement is required for battery depletion (generally no more frequently than every five to ten years).

Medicaid

PacificSource Community Solutions (PCS) follows OARs 410-141-3820 through 410-141-3830 and Guideline Note 227 of the Oregon Health Plan (OHP) Prioritized List of Health Services for coverage of Gastric Pacing and Gastric Electrical Stimulation (GES) for Gastroparesis. Additionally, for members under the age of 21, PacificSource Community Solutions (PCS) follows the OARs 410-151-0000 through 0003 for coverage of services.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers Gastric Electrical Stimulation (GES) or gastric pacing experimental, investigational, or unproven for any indications other than those listed above including, but not limited to the following:

- Initial treatment for gastroparesis
- Temporary trial of gastric pacing
- Treatment of obesity

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum

43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum

43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open

43882 Revision or removal of gastric neurostimulator electrodes, antrum, open

64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

References

Bharucha, A. E., Kudva, Y. C., & Prichard, D. O. (2019). Diabetic Gastroparesis. Endocrine reviews, 40(5), 1318–1352. https://doi.org/10.1210/er.2018-00161

Camilleri, M., & Sanders, K. M. (2022). Gastroparesis. Gastroenterology, 162(1), 68–87.e1. https://doi.org/10.1053/j.gastro.2021.10.028

Guerci, B., Bourgeois, C., Bresler, L., Scherrer, M. L., & Böhme, P. (2012). Gastric electrical stimulation for the treatment of diabetic gastroparesis. Diabetes & metabolism, 38(5), 393–402. https://doi.org/10.1016/j.diabet.2012.05.001

Hasler, W. (2023, April). *Electrical stimulation for gastroparesis*. UpToDate. https://www.uptodate.com/contents/electrical-stimulation-for-gastroparesis?search=Gastric+Electrical+Stimulation+&source=search_result&selectedTitle=1~12&usage_type=default&display_rank=1

Hayes Knowledge Center. (December 7, 2022). Health Technology Assessment: Gastric Electrical Stimulation for Gastroparesis.

National Institute for Health and Care Excellence (NICE). (May 28, 2014). Gastroelectrical stimulation for gastroparesis.

Appendix

Policy Number:

Effective: 7/1/2021 **Next review:** 8/1/2025

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-141-3820 through 3830, OARs 410-151-0000 through 0003

Commercial Ops: 7/2024

Government Ops: 7/2024