ND

Medical Policies

Print

Policy Number:	S-155		
Policy Name:	Gastric Electrical Stimulation, Gastric Pacing		
Policy Type:	Medical	**Policy Subtype:**	Surgery
Effective Date:	09-15-2025	**End Date:**	11-02-2025

Description

Gastric electrical stimulation is performed using an implantable device designed to treat chronic drug-refractory nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology. The procedure may also be referred to as gastric pacing or Enterra Therapy.

Gastroparesis is a chronic disorder of gastric motility characterized by delayed emptying of a solid meal. Symptoms include bloating, distention, nausea and vomiting. When severe, gastroparesis can be associated with dehydration, poor nutritional status and poor glycemic control in diabetic individuals.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Gastric Electrical Stimulation may be considered medically necessary when ALL of the following criteria are met:

- The United States Food and Drug Administration (U.S. FDA) has designated the device as a Humanitarian Use Device (HUD); and
- The U.S. FDA has approved the device for marketing under the Humanitarian Device Exemption (HDE); and
- The device has local Institutional Review Board (IRB) approval; and
- Appropriate informed consent has been obtained from the individual; and

- The device is not specifically excluded from coverage.

Gastric electrical stimulation not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published literature.

Procedure Codes

43647	43648	43881	43882

Gastric electrical stimulation may be considered medically necessary when provided in accordance with the HDE specifications of the U.S. FDA for the treatment of chronic intractable nausea and vomiting secondary to severe gastroparesis of diabetic or idiopathic etiology when ALL of the following criteria are met:

- Significant delayed gastric emptying as documented by standard scintigraphic imaging of solid food; and
- Individual is refractory to or intolerant of at least two (2) anti-emetic and prokinetic drug classes; and
- No mechanical obstruction is found on diagnostic testing; and
- Individual's nutritional status is sufficiently low that ALL of the following criteria are met:
    - Failure to meet adequate caloric needs despite adequate trials of dietary adjustment, oral supplements, or tube enteral nutrition and
    - The individual must be in a stage of wasting as indicated by AT LEAST ONE of the following:
        - Weight loss greater than 10% within six (6) months; or
        - Serum albumin is less than 3.4 grams; or
        - Blood urea nitrogen (BUN) level is less than ten (10) mg; or
        - Phosphorus level is less than 2.5 mg (normal phosphorous is 3-4.5 mg).

Gastric electrical stimulation not meeting the criteria as indicated in the policy is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published literature for all other indications including, but not limited to, initial treatment of gastroparesis and treatment of obesity.

Procedure Codes

43647	43648	43881	43882	64590	64595	95980
95981	95982	0868T				

Outpatient HCPCS (C Codes)

C1767	C1778

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis Code for Procedure Codes 43647; 43648; 43881; 43882; C1767 and C1778

K31.84	T85.518A	T85.518D	T85.518S	T85.528A	T85.528D
T85.528S	T85.598A	T85.598D	T85.598S		

CURRENT CODING

CPT:

0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG	Commercial
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Commercial
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Commercial
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Commercial
43882	REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM OPEN	Commercial
64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Commercial
64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Commercial
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	Commercial
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	Commercial
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	Commercial
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG	Medicaid Expansion
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Medicaid Expansion
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Medicaid Expansion

43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Medicaid Expansion
43882	REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM OPEN	Medicaid Expansion
64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	Medicaid Expansion
64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	Medicaid Expansion
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	Medicaid Expansion
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	Medicaid Expansion
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	Medicaid Expansion

HCPCS:

C1767	Generator, neuro non-recharg	Commercial
C1778	Lead, neurostimulator	Commercial
C1767	Generator, neuro non-recharg	Medicaid Expansion
C1778	Lead, neurostimulator	Medicaid Expansion

References

S-155

1. Hayes, Inc. Hayes Health Technology Assessment. Gastric Electrical Stimulation for Gastroparesis. Lansdale, Pa: Hayes, Inc.; 10/26/2018.
2. Setya A, Nair P, Cheng SX. Gastric electrical stimulation: An emerging therapy for children with intractable gastroparesis. World J Gastroenterol. 2019;25(48):6880.
3. Laine M, Sirén J, Koskenpato J, Punkkinen J, et al. Outcomes of high- frequency gastric electric stimulation for the treatment of severe, medically refractory gastroparesis in Finland. Scand J Surg. 2018;107(2):124-129.
4. Shada A, Nielsen A, Marowski S, Helm M, et al. Wisconsin's Enterra therapy experience: A multiinstitutional review of gastric electrical stimulation for medically refractory gastroparesis. Surgery. 2018;164(4):760-765.
5. Adams D, Stocker A, Lancaster W, Abell T. The surgeon's role in gastric electrical stimulation therapy for gastroparesis. J Gastrointest Surg. 2021;25(4):1053-1064.
6. Maisiyiti A, Chen JD. Systematic review on gastric electrical stimulation in obesity treatment. Expert Rev Med Devices. 2019;16(10):855-861.
7. Hedjoudje A, Huet E, Leroi A-m,Desprez C, Melchior C, Gourcerol G. Efficacy of gastric electrical stimulation in intractable nausea and vomiting at 10 years: A retrospective analysis of prospectively collected data. Neurogastroenterology & Motility. 2020;32:e13949.

8. Adams D, Stocker A, Lancaster W, Abell T. The surgeon's role in gastric electrical stimulation therapy for gastroparesis. J Gastrointest Surg. 2021;25(4):1053-1064.
9. Orsagh-Yentis DK, Ryan K, Hurwitz N, et al. Gastric electrical stimulation improves symptoms and need for supplemental nutrition in children with severe nausea and vomiting: A ten-year experience. Neurogastroenterol Motil. 2021;33:e14199.
10. Lacy B, Tack J, Gyawali C. AGA clinical practice update on management of medically refractory gastroparesis: Expert review. Clin Gastroenterol Hepatol. 2022;20:491–500.

ND Committee Review

Internal Medical Policy Committee 7-22-2020 Adding Diagnosis Codes *Effective September 7, 2020*

Internal Medical Policy Committee 7-22-2021 Annual Review *Effective September 7, 2022*

Internal Medical Policy Committee 9-21-2021 Revision of policy with coding update: *Effective November 1, 2021*

- *Removed* Diagnosis Codes: E08.43; E09.43; E10.43; E11.43; E13.43.
- *Added* Diagnosis Codes T85.518A; T85.518D; T85.518S; T85.528A; T85.528D; T85.528S; T85.598A; T85.598D; T85.598S

Internal Medical Policy Committee 9-28-2022 Annual Review-no changes in criteria *Effective November 7, 2022*

Internal Medical Policy Committee 5-23-2023 Annual Review-no changes in criteria *Effective July 3, 2023*

Internal Medical Policy Committee 7-26-2023 Coding update *Effective September 4, 2023*

- *Added* Procedure Code C9787
- *Updated* grammar

Internal Medical Policy Committee 7-16-2024 Coding - *Effective July 1, 2024*

- *Added* Policy Application
- *Added* New Procedure Code 0868T
- *Removed* Procedure Code C9787

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.