Medical Policy: Gastric Electric Stimulation (Commercial)

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<tr>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPROVED BY</th>
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</thead>
<tbody>
<tr>
<td>MG.MM.SU.57C4</td>
<td>01/21/2020</td>
<td>MPC (Medical Policy Committee)</td>
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IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

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Definitions

| Gastric Electrical Stimulation (GES) | Gastric electrical stimulation (GES) has been developed as an alternative treatment for refractory gastroparesis. The device consists of 4 components: the implanted pulse generator, 2 intramuscular stomach leads, a stimulator programmer and a memory cartridge. The leads are implanted surgically using an open or laparoscopic technique and are connected to the pulse generator that is implanted in a subcutaneous pouch. The device delivers timed impulses to the gastric muscles that are intended to stimulate gastric myoelectric activity, with the goal of improving stomach emptying and relieving the symptoms of nausea and vomiting. GES has also been proposed as an alternative to bariatric surgery for the treatment of obesity. The technique for implantation of the device is the same for treating gastroparesis but utilizes different stimulation parameters and a different location for placement of |
Guideline
GES is considered medically necessary for the treatment of chronic, intractable (drug-refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology.

The following criteria must be met:
1. Significantly delayed gastric emptying as evidenced by standard scintigraphic imaging of solid food
2. Member is refractory or intolerant to both:
   - Prokinetic medications (2 out of 3 classes)
   - Antiemetic medications (2 out of 3)
3. Significantly poor nutritional status, as evidenced by weight decrease to ≤ 90% of normal body weight (for height and age in comparison with pre-illness weight)

Table 1: Prokinetic Medications

<table>
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<tr>
<th>Cholinergic Agonists</th>
<th>dexpanthenol (Ilopan®), bethanechol (Urecholine®)</th>
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<tr>
<td>Motolin receptor agonists</td>
<td>Erythromycin</td>
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<tr>
<td>Dopamine receptor antagonists</td>
<td>metoclopramide (Reglan®)</td>
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Table 2: Antiemetic Medications

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<tr>
<th>Antihistamines</th>
<th>diphenhydramine (Benadryl®), dimenhydrinate (Dramamine®), meclizine (Antivert®), hydroxyzine (Vistaril®), trimethobenzamide (Tigan®)</th>
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<tbody>
<tr>
<td>Serotonin (5HT3) receptor antagonists</td>
<td>ondansetron (Zofran®), granisetron (Kytril®), dolasetron (Anzemet®)</td>
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<tr>
<td>Dopamine receptor antagonists</td>
<td>Metoclopramide (Reglan®), perphenazine (Trilafon®), prochlorperazine (Compazine®), promethazine (Phenergan®), thiethylperazine (Torecan®), cyclizine (Marezine®)</td>
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Limitation/Exclusion
1. GES is not considered medically necessary for gastrointestinal dysmotility disorders other than gastroparesis, obesity (or any other indication not listed above) due to insufficient evidence of therapeutic value.
2. The Medtronic Enterra® Therapy System, a high frequency electronic device, is
currently FDA approved under the FDA’s Humanitarian Device Exemption (HDE) program. No other GES system for treating gastroparesis has been approved to date. Therefore, requests for alternate GES systems (e.g., gastric pacing, neural gastric electrical stimulation) will be denied as not medically necessary due to insufficient evidence of therapeutic value.

Coding Criteria
To access the codes, please download the policy and click on the links below.

| Applicable CPT and Diagnosis Codes |

References


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17. Specialty-matched clinical peer review.

Revision history

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<th>DATE</th>
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<tbody>
<tr>
<td>1/21/2020</td>
<td>Annual Review. No changes to policy</td>
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<tr>
<td>12/09/2019</td>
<td>Reformatted and reorganized policy, transferred content to new template</td>
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