Medical Policy
Gastric Electrical Stimulation

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Policy Number: 636
BCBSA Reference Number: 7.01.73

Related Policies
- Vagus Nerve Stimulation, #474

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue\textsuperscript{SM} and Medicare PPO Blue\textsuperscript{SM} Members
Gastric electrical stimulation is \textbf{INVESTIGATIONAL} for the treatment of gastroparesis of diabetic or idiopathic etiology.

Gastric electrical stimulation is \textbf{INVESTIGATIONAL} for the treatment of obesity.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is \textbf{NOT} a covered service.

Commercial Members: PPO, and Indemnity
This is \textbf{NOT} a covered service.

Medicare Members: HMO Blue\textsuperscript{SM}
This is \textbf{NOT} a covered service.

Medicare Members: PPO Blue\textsuperscript{SM}
This is \textbf{NOT} a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>43647</td>
<td>Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum</td>
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<tr>
<td>43881</td>
<td>Implantation or replacement of gastric neurostimulator electrodes, antrum, open</td>
</tr>
<tr>
<td>64590</td>
<td>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct, or inductive coupling</td>
</tr>
<tr>
<td>95980</td>
<td>Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), gastric neurostimulator pulse generator/transmitter; intraoperative, with programming</td>
</tr>
<tr>
<td>95981</td>
<td>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming</td>
</tr>
<tr>
<td>95982</td>
<td>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming</td>
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### ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>249.60</td>
<td>Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified</td>
</tr>
<tr>
<td>249.61</td>
<td>Secondary diabetes mellitus with neurological manifestations, uncontrolled</td>
</tr>
<tr>
<td>250.60</td>
<td>Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled</td>
</tr>
<tr>
<td>250.61</td>
<td>Diabetes with neurological manifestations, type I (juvenile type), not stated as uncontrolled</td>
</tr>
<tr>
<td>250.62</td>
<td>Diabetes with neurological manifestations, type II or unspecified type, uncontrolled</td>
</tr>
<tr>
<td>250.63</td>
<td>Diabetes with neurological manifestations, type I (juvenile type), uncontrolled</td>
</tr>
<tr>
<td>278.00</td>
<td>Obesity, unspecified</td>
</tr>
<tr>
<td>278.01</td>
<td>Morbid obesity</td>
</tr>
<tr>
<td>536.3</td>
<td>Gastroparesis</td>
</tr>
</tbody>
</table>

### ICD-10CM Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM diagnosis codes</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>E08.43</td>
<td>Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E09.43</td>
<td>Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E10.43</td>
<td>Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E11.43</td>
<td>Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E13.43</td>
<td>Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
</tr>
</tbody>
</table>
**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 device may be referred to as a gastric pacemaker.

Gastroparesis is a chronic disorder of gastric motility characterized by delayed emptying of a solid meal. Symptoms include bloating, distension, nausea, and vomiting. Gastroparesis can be associated with dehydration, poor nutritional status, and poor glycemic control in diabetic patients. While most commonly associated with diabetes, gastroparesis is also found in chronic pseudo-obstruction, connective tissue disorders, Parkinson's disease, and psychological pathologic conditions.

An example of a gastric electrical stimulator is the Enterra™ Therapy System from Medtronic. All gastric electrical stimulation devices for the treatment of gastroparesis of diabetic or idiopathic etiology or obesity are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

**Summary**

The evidence on the efficacy of gastric electrical stimulation is inadequate to permit scientific conclusions. The single published randomized study on treatment of gastroparesis included only 33 patients recruited from 11 centers in the United States. There was no statistically significant improvement in symptoms for the entire study group compared to placebo, but positive results were reported for the subgroup of 17 patients with diabetic gastroparesis. The case series report improvements in symptoms, nutritional parameters, and quality of life. However, the lack of control group precludes the conclusion that these changes are due to treatment with gastric electrical stimulation, given the variable natural history of gastroparesis, and the expected placebo effect.

Several small trials of a temporary gastric stimulator have been published in attempts to select patients for permanent device implantation. The results of these trials are mixed, with some short-term improvements in symptoms noted, but this evidence is not sufficient to determine that patients selected for permanent device implantation as a result of a temporary trial have improved outcomes compared to alternative treatments.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy. Removed HCPCS codes L8680 and L8685-L8686 as they do not meet the intent of the policy</td>
</tr>
<tr>
<td>10/2013</td>
<td>Removed CPT codes 43648, 43882 and 64595 as they do not apply to the policy.</td>
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</table>
No changes to policy statements.

No changes to policy statements.

4/2008  BCBSA National medical policy review.
No changes to policy statements.

No changes to policy statements.

No changes to policy statements.

1/2007  BCBSA National medical policy review.
No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References