Gastric Electric Stimulation for the Treatment of Chronic Gastroparesis

MPM 7.2

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Gastric Electric Stimulation for the treatment of Chronic Gastroparesis requires Prior Authorization. A Medical Director will review request submitted for consideration on a case-by-case basis.

Description

Gastroparesis is a chronic motility disorder of the stomach characterized by gastric retention in the absence of mechanical obstruction. Diabetes mellitus is the most common disease associated with gastroparesis. Diabetic gastroparesis is believed to be a form of neuropathy of the vagus nerve. Hyperglycemia can also cause delayed gastric emptying. Idiopathic gastroparesis is the second most common type of gastroparesis, followed by postsurgical gastroparesis.

Symptoms of gastroparesis include early satiety, nausea, vomiting, bloating, and upper abdominal discomfort. Postprandial vomiting (1–3 hours after meals) of undigested food is typical. Abdominal discomfort is of varying degrees and is not usually the predominant symptom. The symptoms of gastroparesis are nonspecific and may mimic other conditions such as ulcer disease, partial gastric or small bowel obstruction, gastric cancer, gallbladder or pancreatic disorders.

The Enterra™ Therapy System (Medtronic, INC., Minneapolis, MN) is a gastric electrical stimulator. According to the manufacturer, the Enterra Therapy system is composed of a neurostimulator, an implantable intramuscular lead and an external programming system. The system uses the implanted neurostimulator to deliver electrical impulses to nerves in the stomach. The electrical stimulation produced by this device stimulates the stomach to contract and helps control the symptoms associated with gastroparesis, including nausea and vomiting.

The Enterra Therapy System (Medtronic, Minneapolis, MN) is currently the only gastric electrical stimulator that has received approval from the U.S. Food and Drug Administration (FDA). It was cleared by the FDA as a humanitarian use device. A humanitarian use device (HUD) is a device that is intended to benefit patients by treating or diagnosing a disease or condition that affects fewer than 4000 individuals in the United States per year.

Coverage Determination

PHP has determined that the Gastric Electric Stimulation is a non-covered benefit; however, request submitted for consideration of the device will be reviewed on a case-by-case basis.

Presbyterian considers gastric pacing (gastric pacemaker) and gastric...
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Electrical stimulation medically necessary for the treatment of symptoms of nausea and vomiting from chronic gastroparesis, where the diagnosis is confirmed by gastric emptying scintigraphy, that is refractory to medical management (including dietary modification, antiemetics, and prokinetics).

References:

1. MCG Health Ambulatory Care, Gastric Stimulation (Electrical), ACG: A-0395 (AC), last update: 02/11/19. [Cited 05/23/2019]


Approval Signatures: Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD

Medical Director: Norman White MD

Approval Date: July 31, 2019

Publication History: 03-22-17: Annual Review. Reviewed by the Technology Assessment Committee on Feb 25, 2017. Language re: use of Milliman criteria has been removed


This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: Click here for Medical Policies

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.