



Manual: IU Health Plans  
Department: Utilization Management  
Policy# MP030  
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# Health Plans

Medicare Advantage

**X Commercial**

## Gastric Stimulator Devices Policy

### I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Gastric Stimulator Device placement.

### II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Fully insured plan.

### III. Exceptions/Variations

1. Gastric Stimulator devices not approved by the FDA
2. Use in diagnosis of overweight or obesity is considered not medically necessary

### IV. Definitions

**Gastric stimulator**-implanted device that sends mild electrical pulses to the stomach muscles through lead wires. The device allows for food to move more easily through the stomach.

**Antiemetic drug**-drug used to treat nausea and vomiting.

**Gastric Motility**-the ability of the stomach to move spontaneously.

**Prokinetic drug**-drug use to speed up gastric emptying time.

**Scintigraphic imaging of gastric emptying**-technique which involves incorporating a radioisotope tracer into a standard meal and tracing its passages to the stomach using a gamma camera. This test quantifies the emptying of physiologic caloric meal.

## V. Policy Statements

IU Health Plans considers **Insertion of Gastric Stimulator devices** medically necessary for intractable nausea and vomiting when **ONE** of the following have been met

1. For initial insertion, **ALL** the following criteria have been met:
  - a. The use of prokinetic and anti-emetic medications were tried, and the individual is refractory, intolerant or has contraindications to the use of medications.
  - b. Delayed gastric emptying is documented by standard scintigraphic imaging of solid food.
  - c. Upper endoscopy was performed demonstrating no abnormalities/contraindications for placement of the device
2. Reinsertion of device is necessary due to battery failure or device malfunction and individual was obtaining relief with prior device.

### Codes

Code	Description
43647	Laparoscopy, surgical; Implantation or replacement of gastric neurostimulator electrodes, antrum
43648	Laparoscopy, surgical; Implantation or replacement 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 [when specified as gastric neurostimulator]
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver [when specified as gastric neurostimulator]
95980	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 [includes codes 95980, 95981, 95982]
95981	See Above
95982	See Above
C1767	Generator, neurostimulator, implantable, non-rechargeable when specified as a gastric neurostimulator
C1778	Lead, neurostimulator, implantable when specified as a gastric neurostimulator

C1820	Generator, neurostimulator (implantable) with rechargeable battery and charging system
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
C1827	Generator, neurostimulator (implantable) non rechargeable, with implantable stimulation lead and external paired stimulation controller
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
L8679	Implantable neurostimulator, pulse generator, any type when specified as a gastric neurostimulator
L8680	Implantable neurostimulator electrode, each when specified as a gastric neurostimulator
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension when specified as a gastric neurostimulator
0DH60MZ	Insertion of stimulator lead into stomach, open approach
0DH63MZ	Insertion of stimulator lead into stomach, percutaneous approach
0DH64MZ	Insertion of stimulator lead into stomach, percutaneous endoscopic approach
	ICD 10 Codes
E08.00- E08.8	Diabetes Mellitus due to underlying conditions
E09.00- E09.9	Drug or chemically induced diabetes mellitus
E10.00- E10.9	Type 1 Diabetes Mellitus
E11.00- E11.9	Type 2 Diabetes Mellitus
E13.00- E13.8	Other specified diabetes mellitus
K31.84	Gastroparesis
R11.0- R11.2	Nausea and Vomiting
Z45.42	Encounter for adjustment and management of a neuropacemaker when specified as GES device for diabetic or idiopathic gastroparesis

## VI. Procedures

None

## VII. References

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Nguyen, L., Snape, W., Kuo, B., Shulman, R., Hamilton, F. A., & Pasricha, P. J. (2019). Effectiveness of gastric electrical stimulation in gastroparesis: Results from a large prospectively collected database of national gastroparesis registries. *Neurogastroenterology and motility*, 31(12), e13714. <https://doi.org/10.1111/nmo.13714>

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4. Ducrotte, P., Coffin, B., Bonaz, B., Fontaine, S., Bruley Des Varannes, S., Zerbib, F., Caiazzo, R., Grimaud, J. C., Mion, F., Hadjadj, S., Valensi, P. E., Vuitton, L., Charpentier, G., Ropert, A., Altwegg, R., Poudereux, P., Dorval, E., Dapoigny, M., Duboc, H., Benhamou, P. Y., ... ENTERRA Research Group (2020). Gastric Electrical Stimulation Reduces Refractory Vomiting in a Randomized Crossover Trial. *Gastroenterology*, 158(3), 506–514.e2. <https://doi.org/10.1053/j.gastro.2019.10.018>
5. Levinthal, D. J., & Bielefeldt, K. (2017). Systematic review and meta-analysis: Gastric electrical stimulation for gastroparesis. *Autonomic neuroscience : basic & clinical*, 202, 45–55. <https://doi.org/10.1016/j.autneu.2016.03.004>

## **VIII. Forms/Appendices**

None

## **IX. Responsibility**

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.