

Gastric Electrical Stimulator

Gastric Electrical Stimulators are prior- authorized by the OHCA: CPT codes 43647, 43648, 43881, 43882, 64590 and 64595.

DOCUMENTATION REQUIRED:

Gastric electrical stimulation may be considered medically necessary in the treatment of chronic intractable nausea and vomiting secondary to severe gastroparesis of diabetic or idiopathic etiology.

1. Provide a complete history and physical which may include symptoms of frequent nausea and vomiting, early satiety, bloating, postprandial fullness, weight loss, epigastric pain and burning; etc.; **and**
2. Documentation of at least severe (grade 3) gastroparesis as evidenced by a 4 hour gastric emptying study (scintigraphy). Grading for severity of delayed GE based on the 4-h value; **and**
3. Gastric anomalies/obstruction have been ruled out by endoscopy and/or contrast radiology; and
4. Member with diabetes exhibits glycemic control with HbA1c \leq 7.0%; and
5. Documentation shows member is refractory to pharmacological treatment with metoclopramide, domperidone, erythromycin, etc.; and
6. Member has experienced loss of 10% or more of usual body weight in 3-6 month period and/or repeated hospitalization for refractory symptoms.

Gastric electrical stimulation is considered investigational and not medically necessary in all other indications including but not limited to the treatment of obesity.