
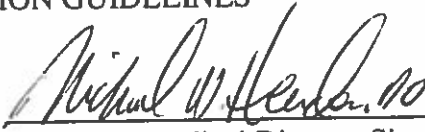


OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL PROFESSIONAL SERVICES
PRIOR AUTHORIZATION GUIDELINES

 6/4/14  6-4-14
Medical Authorization Director Signature / Date Physician Medical Director Signature / Date

SUBJECT: Gastric Electrical Stimulation (CPT 43647, 43648, 43881, 43882, 64590)

DATE: July 1, 2014

OBJECTIVE: To provide guidelines to assure medical necessity and consistency in the prior authorization process.

DISCLAIMER: This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

DESCRIPTION: Gastroparesis is a gastrointestinal motility disorder characterized by delayed gastric emptying without evidence of physical obstruction. Estimates of prevalence range from 1.8% to 4% within the United States. The disorder may be more common in women. Symptoms of gastroparesis include frequent nausea and vomiting, early satiety, bloating, postprandial fullness, and epigastric pain and burning, although symptoms do not correlate well with gastric emptying. The most common etiology of gastroparesis is idiopathic, followed by diabetes and postsurgical, often associated with vagotomy or vagal nerve injury during surgery. Less common causes include eating disorders, connective tissue disease, neurologic diseases (such as Parkinson's), metabolic and endocrine conditions, medications, and critical illness. If chronic nausea and vomiting are not controlled, dehydration, weight loss, and malnutrition can result. Patients with severe symptoms may be forced to withdraw from normal daily activities. Patients may eventually become bedridden from weakness or require hospitalization for fluid restoration and nutritional support.

Gastric electrical stimulation involves implantation of a neuroelectrical stimulation device into the abdomen, connected to wires that are attached to the wall of lower stomach. The device sends high frequency, low energy electrical impulses to the stomach with the intention of alleviating chronic nausea and vomiting caused by gastroparesis by stimulating the smooth muscles of the stomach.

Gastric emptying scintigraphy (GES) is commonly performed to evaluate patients with symptoms that suggest an alteration of gastric emptying (GE) and/or motility. It has become the standard for the measurement of gastric motility in clinical practice, because it provides a physiologic, noninvasive, and quantitative measurement of gastric emptying.

DOCUMENTATION REQUIREMENTS:

Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with **OAC 317: 30-3-1 (f)(2)**.

GUIDELINES FOR PRIOR AUTHORIZATION:

Gastric electrical stimulation is considered medically necessary in the treatment of chronic intractable nausea and vomiting secondary to **severe** gastroparesis of diabetic or idiopathic etiology when **all** of the following criteria are met:

- Patient has a diagnosis of at least “**severe**” gastroparesis as evidenced by a 4 hour gastric emptying study (scintigraphy). Grading for severity of delayed GE based on the 4-h value is:
 - grade 1 (mild): 11–20% retention at 4 h;
 - grade 2 (moderate): 21–35% retention at 4 h;
 - grade 3 (severe): 36–50% retention at 4 h;
 - grade 4 (very severe): >50% retention at 4 h.
- Gastric anomalies/obstruction have been ruled out by endoscopy and/or contrast radiology; **and**
- Member with DM I exhibits glycemic control with HbgA1C $\leq 7.0\%$; **and**
- Member is refractory to pharmacological treatment with metoclopramide, domperidone or erythromycin; **and**
- 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.

SOURCES:

1. Oklahoma Health Care Authority; Policies & Rules, **OAC 317:30-3-1; 317:30-5-8**.
2. <http://guidance.nice.org.uk/IPG103/Guidance/pdf/English>
3. Abell, T.L, etal, American Journal of Gastroenterology, 2008;103:753-763, “Consensus Recommendations for Gastric Emptying Scintigraphy: A Joint Report of the American Neurogastroenterology and Motility Society and the Society of Nuclear Medicine”.
4. Abell, T.L., etal, The American Motility Society Task Force on Gastroparesis, “Treatment of gastroparesis: a multidisciplinary clinical review”, 2006.
5. Camilleri, Michael MD, The American Journal of Gastroenterology, “Clinical Guideline: Management of Gastroparesis”, January 2013.
6. Camilleri, Michael, MD, The New England Journal of Medicine, “Diabetic Gastroparesis”, February 22, 2007.
7. Hayes Directory “Gastric Electrical Stimulation for Gastroparesis”, November 22, 2013.
8. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/a1c/>

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9. Medtronic Enterra Therapy For Gastroparesis Commonly Billed Codes,
<http://professional.medtronic.com/pt/gastro/ges/rm-pm/coding-coverage/index.htm>
10. Aetna Clinical Policy Bulletin: Gastric Pacing and Gastric Electrical Stimulation,
11/15/2013.
11. Anthem BCBS Medical Policy, "Gastric Electrical Stimulation", 1/1/2014.
12. Cigna Medical Coverage Policy, "Gastric Pacing/Gastric Electrical Stimulation",
11/15/2013.
13. Humana Medical Coverage Policy, "Gastric Pacing", 8/22/2013.
14. United Health Care Medical Policy, "Gastrointestinal Motility Disorders, Diagnosis and
Treatment", February 1, 2014.

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