Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

Gastric Pacemaker and Gastric Electrical Stimulation (GES)  MP9463

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Coverage decision is based on the Food and Drug Administration (FDA) approval as a Humanitarian Device Exemption

WellFirst Health Medical Policy:

1.0 Gastric pacing (pacemaker) or gastric electrical stimulation requires prior authorization through the Health Services Division and is considered medically necessary for the following:

1.1 For treatment of chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis, where the diagnosis is confirmed by gastric emptying scintigraphy, that is refractory to medical management (including dietary modification, antiemetics, and prokinetics)

1.1.1 Diabetic etiology,

1.1.2 Idiopathic etiology.

1.1.3 Gastroparesis with failure, contraindication, or intolerance of pharmaceutical therapy.

1.2 Revision or replacement of a previously approved gastric stimulator implant medically necessary for complications associated with gastric pacing (e.g. bowel obstruction, gastric wall perforation, infection, lead dislodgement or lead erosion into the small intestines).

2.0 Gastric pacing and gastric electrical stimulation is considered experimental and investigational and therefore not medically necessary for the following (not an all-inclusive list):

2.1 Treatment of obesity;

2.2 As an initial treatment for gastroparesis;

2.3 Treatment of autonomic nervous system disorders other than gastroparesis;

2.4 Treatment of cyclic vomiting syndrome;

2.5 Treatment of diabetes mellitus in persons without gastroparesis;

2.6 Treatment of gastrointestinal dysmotility disorders other than gastroparesis
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Effective: 08/01/2020