

**GASTROPARESIS TESTING AND TREATMENT**

**Effective Date:** March 12, 2018

**Review Dates:** 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/16,  
2/17, 2/18, 2/19

**Date Of Origin:** February 10, 2010

**Status:** Current

**I. POLICY/CRITERIA**

**A. The following are covered for the purpose of evaluation, diagnosis or treatment of gastroparesis:**

1. Upper Endoscopy - to confirm the presence of gastric stasis by the finding of retained food after an overnight period of fasting. Also to exclude mechanical obstruction or mucosal disease as a cause of impaired gastric emptying.
2. Gastric emptying scintigraphy (GES)
3. Gastroduodenal manometry – for patients who have evidence of gastric stasis by a scintigraphic study without an identifiable cause
4. Gastric pacing (gastric pacemaker) and gastric electrical stimulation is covered according to InterQual® criteria when provided in accordance with the Humanitarian Device Exemption (HDE) specifications of the U.S. Food and Drug Administration (FDA).  
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/HDEApprovals/ucm161827.htm>

**B. The following are NOT covered for evaluation and diagnosis of gastroparesis as they are considered to be experimental and investigational:**

1. Cutaneous electrogastrogram (EGG)
2. Electronic barostat
3. MRI
4. Wireless capsule monitoring system (i.e. Smart pill)

**C. Primary treatment of gastroparesis includes dietary manipulation and administration of antiemetic and prokinetic agents. The following treatments are NOT covered for the treatment of gastroparesis:**

1. Gastric pacing (gastric pacemaker) and gastric electrical stimulation is considered to be experimental and investigational for any reason other than those listed in I, A above.
2. Use of botulinum toxin for the treatment of gastroparesis is considered to be experimental and investigational.

## II. MEDICAL NECESSITY REVIEW

Required\*                       Not Required                       Not Applicable

\*Prior authorization is required for gastric pacing (gastric pacemaker) and gastric electrical stimulation. No prior authorization is required or testing.

## III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

## IV. DESCRIPTION

Gastroparesis (delayed gastric emptying) is a digestive disorder in which the motility of the stomach is either abnormal or absent. Clinical symptoms that suggest gastroparesis include nausea, vomiting, and postprandial abdominal fullness.

The diagnosis of gastroparesis is based on the presence of appropriate symptoms/signs, delayed gastric emptying, and the absence of an obstructing structural lesion in the stomach or small intestine.

Primary treatment of gastroparesis includes dietary manipulation and administration of antiemetic and prokinetic agents.

**V. CODING INFORMATION**

**ICD-10 Codes that may apply:**

E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly) neuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly) neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly) neuropathy
K31.84	Gastroparesis
R11.0 – R11.2	Nausea and vomiting

**CPT/HCPCS Codes:**

78264	Gastric emptying study
78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days
91020	Gastric motility (manometric) studies
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (e.g., balloon, bougie)
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (e.g., anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)

Prior authorization required

- J0585 Injection, onabotulinumtoxinA, 1 unit
- J0586 Injection, abobotulinumtoxinA, 5 units
- J0587 Injection, rimabotulinumtoxinB, 100 units
- J0588 Injection, incobotulinumtoxinA, 1 unit
  
- 43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
- 43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open
- 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
  
- L8679 Implantable neurostimulator, pulse generator, any type
  
- L8680 Implantable neurostimulator electrode, each
- L8688 Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

No prior authorization required

- 43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
- 43882 Revision or removal of gastric neurostimulator electrodes, antrum, open
- 64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
- 95980 Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient measurements) gastric
- 95981 Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient measurements) gastric
- 95982 Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient measurements) gastric

**Not Covered:**

- 43252 Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
  
- 91112 Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
- 91132 Electrogastrography, diagnostic, transcutaneous
- 91133 Electrogastrography, diagnostic, transcutaneous; with provocative testing
- 91299 Unlisted diagnostic gastroenterology procedure - *when billed for electronic barostat*  
(*Explanatory notes must accompany claims billed with unlisted codes.*)

*See also:*

*Stimulation Therapy and Devices medical policy #91468*

## VI. REFERENCES

1. Aetna Clinical Policy Bulletin. Gastric Pacing and Gastric Electrical Stimulation @ [http://www.aetna.com/cpb/medical/data/600\\_699/0678.html](http://www.aetna.com/cpb/medical/data/600_699/0678.html) (Retrieved December 31, 2015, January 4, 2018 & December 28, 2018).
2. Aetna Clinical Policy Bulletin. Botulinum Toxin @ [http://www.aetna.com/cpb/medical/data/100\\_199/0113.html](http://www.aetna.com/cpb/medical/data/100_199/0113.html) (Retrieved December 31, 2015, January 4, 2018 & December 28, 2018).
3. American College of Gastroenterology, Gastroparesis. (Originally accessed 1/11/2010) <http://patients.gi.org/topics/gastroparesis/> (Accessed January 4, 2018 & December 28, 2018).
4. American Gastroenterological Association Medical Position Statement: Diagnosis and Treatment of Gastroparesis – Accessed 1/11/2010 [http://www.gastro.org/user-assets/Documents/02\\_Clinical\\_Practice/medical\\_position\\_statments/Gastroparesis\\_mps.pdf](http://www.gastro.org/user-assets/Documents/02_Clinical_Practice/medical_position_statments/Gastroparesis_mps.pdf) [http://www.gastrojournal.org/article/S0016-5085\(04\)01633-6/fulltext](http://www.gastrojournal.org/article/S0016-5085(04)01633-6/fulltext) (Accessed January 4, 2018 & December 28, 2018).
5. Camilleri M, et al. Clinical Guideline: Management of Gastroparesis. Am J Gastroenterol 2013; 108:18–37; doi: 10.1038/ajg.2012.373; published online 13 November 2012. <http://www.nature.com/articles/ajg2012373.pdf> (Retrieved January 4, 2018 & December 28, 2018).
6. Cigna. Medical Coverage Policy, Gastric Pacing/Gastric Electrical Stimulation (GES). [https://cignaforhpc.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0103\\_coveragepositioncriteria\\_enterra\\_therapy\\_gastric\\_pacing.pdf](https://cignaforhpc.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0103_coveragepositioncriteria_enterra_therapy_gastric_pacing.pdf) (Retrieved December 28, 2018).
7. Up-to-Date medical review service, Etiology and diagnosis of delayed gastric emptying – 6/19/2009. Accessed 1/11/2009, Updated September 24, 2018 [http://www.uptodate.com/online/content/topic.do?topicKey=gi\\_dis/8306&selectedTitle=3%7E150&source=search\\_result#H23](http://www.uptodate.com/online/content/topic.do?topicKey=gi_dis/8306&selectedTitle=3%7E150&source=search_result#H23) (Retrieved December 28, 2018)
8. U.S. Food and Drug Administration. Center for Devices and Radiological Health. Enterra Therapy System- H990014. Mar 31, 2000. Updated Aug 22, 2000. Address update January 4, 2018: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfhde/hde.cfm?id=H990014> (Accessed January 9, 2019).
9. U.S. Food and Drug Administration. Center for Devices and Radiological Health. Humanitarian Use Devices. Available at URL address: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfHDE/HDEInformation.cfm>

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