Preauthorization is not required.

The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.

RELATED PROTOCOLS

Meniscal Allografts and Other Meniscal Implants

Vagus Nerve Stimulation

<table>
<thead>
<tr>
<th>Populations</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
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</table>
| Individuals:  
  • With gastroparesis | Interventions of interest are:  
  • Gastric electrical stimulation | Comparators of interest are:  
  • Conservative management  
  • Medication  
  • Enteral or total parenteral nutrition | Relevant outcomes include:  
  • Symptoms  
  • Treatment-related morbidity |
| Individuals:  
  • With obesity | Interventions of interest are:  
  • Gastric electrical stimulation | Comparators of interest are:  
  • Conservative management  
  • Medication  
  • Bariatric surgery | Relevant outcomes include:  
  • Change in disease status  
  • Treatment-related morbidity |

DESCRIPTION

Gastric electrical stimulation (GES) is performed using an implantable device designed to treat chronic drug-refractory nausea and vomiting secondary to gastroparesis of diabetic, idiopathic, or postsurgical etiology. GES has also been investigated as a treatment of obesity. The device may be referred to as a gastric pacemaker.

SUMMARY OF EVIDENCE

For individuals who have gastroparesis who receive GES, the evidence includes randomized controlled trials (RCTs), nonrandomized studies, and systematic reviews. Relevant outcomes are symptoms and treatment-related morbidity. Five crossover RCTs have been published. A 2017 meta-analysis of these five RCTs did not find a significant benefit of GES on the severity of symptoms associated with gastroparesis. Patients generally reported improved symptoms at follow-up whether or not the device was turned on, suggesting a placebo effect.
The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have obesity who receive GES, the evidence includes an RCT. Relevant outcomes are change in disease status and treatment-related morbidity. The Screened Health Assessment and Pacer Evaluation (SHAPE) trial did not show significant improvement in weight loss using GES compared with a sham stimulation. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

POLICY

Gastric electrical stimulation is considered *investigational* for the treatment of gastroparesis of diabetic, idiopathic or post-surgical etiology.

Gastric electrical stimulation is considered *investigational* for the treatment of obesity.

BACKGROUND

TREATMENT

Gastroparesis

Gastric electrical stimulation (GES), also referred to as gastric pacing, using an implantable device, has been investigated primarily as a treatment for gastroparesis. Currently available devices consist of a pulse generator, which can be programmed to provide electrical stimulation at different frequencies, connected to intramuscular stomach leads, which are implanted during laparoscopy or open laparotomy (see Regulatory Status section).

Obesity

GES has also been investigated as a treatment of obesity. It is used to increase a feeling of satiety with subsequent reduction in food intake and weight loss. The exact mechanisms resulting in changes in eating behavior are uncertain but may be related to neurohormonal modulation and/or stomach muscle stimulation.

REGULATORY STATUS

In 2000, the Gastric Electrical Stimulator system (now called Enterra™ Therapy System; Medtronic) was approved by the U.S. Food and Drug Administration (FDA) through the humanitarian device exemption process (H990014) for the treatment of gastroparesis. The GES system consists of four components: the implanted pulse generator, two unipolar intramuscular stomach leads, the stimulator programmer, and the memory cartridge. With the exception of the intramuscular leads, all other components have been used in other implantable neurologic stimulators, such as spinal cord or sacral nerve stimulation. The intramuscular stomach leads are implanted either laparoscopically or during laparotomy and are connected to the pulse generator, which is implanted in a subcutaneous pocket. The programmer sets the stimulation parameters, which are typically set at an “on” time of 0.1 seconds alternating with an “off” time of 5.0 seconds.

Currently, no GES devices have been approved by the FDA for the treatment of obesity. The Transcend® (Trans-neuronix; acquired by Medtronic in 2005), an implantable gastric stimulation device, is available in Europe for treatment of obesity.
Services that are the subject of a clinical trial do not meet our Technology Assessment and Medically Necessary Services Protocol criteria and are considered investigational. **For explanation of experimental and investigational, please refer to the Technology Assessment and Medically Necessary Services Protocol.**

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

**REFERENCES**

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.