



UM-CDG-048 Gastric Pacing Gastric Electrical Stimulation

Approved By:  
Director, Health Services

Effective Date:  
10/22/2025

*This Policy applies to all SECUR affiliates, associates, and subsidiaries.*

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address gastric pacing/gastric electrical stimulation. Gastroparesis is a motility disorder that causes delayed gastric emptying and can cause abdominal pain, bloating, early satiety, nausea, and vomiting. In severe cases it may result in electrolyte imbalances, dehydration, weight loss, and malnutrition. Management typically involves diet modification and medication to increase gastric motility and decrease nausea. These treatments have limited efficacy for severe disease and has led to the development of new treatment modalities.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

**Gastric Electrical Simulation (GES)/Gastric Neurostimulation:** uses low-energy, high frequency electrical impulses to relieve the nausea and vomiting associated with gastroparesis. Presently, the Enterra II Therapy System is the only device approved by the US Food and Drug Administration (FDA) for GES treatment.

**Gastric Pacing:** delivers low duration impulses using high energy, low frequency electric current and affects gastric motility by promoting increased gastric contractions and accelerated gastric emptying.

## POLICY

SECUR Health Plan will consider gastric electrical stimulation (GES) as medically necessary when the following criteria are met:

1. Chronic, intractable nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology, and
2. Diagnosis of gastroparesis is confirmed by gastric emptying scintigraphy and/or radiopaque marker testing, and
3. Member is between the ages of 18 and 70, and
4. Member is not concurrently treated with opioid medications, and
5. Symptoms are refractory or intolerant to diet modification and pharmaceutical therapy

Revision or removal of previously implanted GES will be considered medically necessary for any of the following:

1. Inadequate symptom relief
2. Infection
3. Lead fracture
4. Lead migration

5. Loss of effectiveness/tolerance
6. Painful generator site
7. Seroma

Replacement of a previously implanted GES will be considered medically necessary in any of the following:

1. Change in the physiological condition of the member
2. Irreparable change in condition of the device or in a part of the device
3. Generator replacement due to end of battery life (generally occurring no more frequently than every 5 to 10 years)
4. Condition of the device or part of the device requires repairs and the cost of repair would be more than 60% or greater of the total cost of replacement of the part and/or the device

The following are not considered medically necessary as there is no evidence or insufficient evidence to determine these services are standard medical treatment due to an absence of current, widely used treatment guidelines or acceptable clinical literature (as defined by the Centers for Medicare and Medicaid Services (CMS)) examining benefit and long term clinical outcomes establishing the value of these services.

1. Gastric pacing
2. GES for the treatment of obesity
3. Temporary trial of GES2

#### References:

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3. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Covered medical and other health services. Published June 13, 2024.
4. ECRI Institute. Clinical Evidence Assessment. Enterra II therapy system (Medtronic plc.) for gastroparesis. <https://www.ecri.org>. Published April 7, 2004. Updated August 24, 2023.
5. Hayes, Inc. Health Technology Brief. Gastric electrical stimulation with an implantable gastric stimulator (IGS) for the treatment of obesity. <https://evidence.hayesinc.com>. Published July 1, 2007. Updated July 6, 2009.
6. Hayes, Inc. Medical Technology Directory. Gastric electrical stimulation for gastroparesis. <https://evidence.hayesinc.com>. Published October 26, 2018. Updated December 7, 2022.
7. MCG Health. Gastric stimulation (electrical). <https://humana.access.mcg.com/index>.
8. UpToDate, Inc. Approach to the adult with nausea and vomiting. <https://www.uptodate.com>. Updated July 2024.
9. UpToDate, Inc. Electrical stimulation for gastroparesis. <https://www.uptodate.com>. Updated July 2024.
10. UpToDate, Inc. Treatment of gastroparesis. <https://www.uptodate.com>. Updated July 2024.
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