

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Gastric Electrical Stimulation (GES)

MP9463

Covered Service: Yes

Prior Authorization Required: No

Additional Information: The criteria in this policy do not apply to those devices which have been granted a humanitarian device exemption (HDE) by the FDA, which are considered medically necessary when all FDA-required criteria are met.

For a current list of HDE approved devices, refer to the FDA HDE database at: [Listing of CDRH Humanitarian Device Exemptions | FDA](#)

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement product (Dean Advantage).

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit. Please refer to Forward Health: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

Dean Health Plan Medical Policy:

- 1.0 Gastric electrical stimulation (Enterra® Therapy System) **does not require** prior authorization through the Health Services Division and is considered medically necessary for treating the following conditions in accordance with the U.S. Food and Drug Administration (FDA) section regarding FDA labeling and Humanitarian Device Exemption (HDE) for gastric electrical stimulation:
 - 1.1 Refractory diabetic gastroparesis that has failed other therapies
 - 1.2 Chronic, intractable (drug-refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology when used according to U.S. Food and Drug Administration (FDA) labeled indications.
- 2.0 Gastric electrical stimulation is considered experimental and investigational and therefore not medically necessary for all other indications, including diabetes mellitus in individuals without gastroparesis.

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