

PRIOR AUTHORIZATION REQUEST FORM

ENTERRA™ THERAPY FOR GASTROPARESIS



SURGEON

Physician (Surgeon) Name (Last, First, Middle initial)	Clinical Contact
Physician (Surgeon) Tax ID	Phone
Physician (Surgeon) NPI/ Insurance Provider ID	Fax
Name of Practice	Contact Email
Practice Address	
Managing Physician Name (Last, First, Middle initial)	Managing Physician TAX ID/NPI

***GI/
ENDOSCOPIST**

**Complete this section if an EGD will be performed by a separate physician during the same operative episode as lead implantation*

Physician Name (Last, First, Middle initial)	Clinical Contact
Tax ID	Phone
NPI	

FACILITY

Facility Name	Tax ID	
Facility Address (Street)	NPI	
City	State	Inpatient or Outpatient procedure: _____
Zip	Scheduled Procedure Date:	Site of Service Code (see below) _____ Office (11) Off-Campus-Outpatient Hospital (19) Inpatient Hospital (21) On-Campus-Outpatient Hospital (22) ASC (24)

PATIENT

Medicare Medicaid Commercial	Primary Insurance Name	Policy Holder	
Patients Name (Last, First, Middle initial)	Primary ID Number/Group Number	Relationship to insured (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Patient Address (Street)		Primary Insurance Phone #	
City	State	Secondary Insurance Name	Policy Holder
Zip	Phone #	Secondary ID Number	Relationship to insured (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Date of Birth		Secondary Insurance Phone #	
Patient Diagnosis Code ¹ (please check appropriate diagnosis)			
<input type="checkbox"/> Diabetic Gastroparesis (E1x.43 +K31.84)		<input type="checkbox"/> Idiopathic Gastroparesis (K31.84)	
<input type="checkbox"/> Secondary Diabetic Gastroparesis (E0x.43 + K31.84)		<input type="checkbox"/> Other (please give ICD10 code) ¹ _____	

Pacific Access on behalf of Enterra Medical provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. Pacific Access on behalf of Enterra Medical makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

1.U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). <http://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html>. Updated October 1, 2017. Accessed November 21, 2017.

Fax or email completed form to:
Prior Authorization Services
Phone: 1-888-826-4441 Fax: 1-651-299-0440
email: enterra@pacifctherapyaccess.com

ENTERRA™ THERAPY FOR GASTROPARESIS NEW IMPLANT PROCEDURES

SELECT ONE IMPLANT METHOD	<input type="checkbox"/> LAPAROSCOPIC, LEAD IMPLANT WITH GENERATOR IMPLANT	
	CPT²	DESCRIPTION
	43647	Laparoscopy, surgical; implantation of gastric neurostimulator electrodes, antrum plus
	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
PLUS	<input type="checkbox"/> OPEN, LEAD IMPLANT WITH GENERATOR IMPLANT	
	CPT	DESCRIPTION
	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open plus
	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
PLUS*	<input type="checkbox"/> PROGRAMMING	
	CPT	DESCRIPTION
	95980	Electronic analysis and programming
PLUS*	<input type="checkbox"/> ENDOSCOPY (*IF PERFORMED BY A SEPARATE PHYSICIAN)	
	CPT	DESCRIPTION
	43235	Esophagogastroduodenoscopy, flexible transoral, diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)

REVISION OR REMOVAL PROCEDURES

SELECT AS REQUIRED	<input type="checkbox"/> GENERATOR REVISION OR REMOVAL	
	CPT	DESCRIPTION
	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
SELECT AS REQUIRED	<input type="checkbox"/> LAPAROSCOPIC, LEAD REVISION OR REMOVAL	
	CPT	DESCRIPTION
	43648	8 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
SELECT AS REQUIRED	<input type="checkbox"/> OPEN, LEAD REVISION OR REMOVAL	
	CPT	DESCRIPTION
	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open

REPLACEMENT PROCEDURES

SELECT ONE REPLACEMENT METHOD	<input type="checkbox"/> LAPAROSCOPIC, LEAD REPLACEMENT WITH GENERATOR REPLACEMENT	
	CPT	DESCRIPTION
	43647	Laparoscopy, surgical; replacement of gastric neurostimulator electrodes, antrum plus
	64590	Replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
PLUS	<input type="checkbox"/> OPEN, LEAD REPLACEMENT WITH GENERATOR REPLACEMENT	
	CPT	DESCRIPTION
	43881	Replacement of gastric neurostimulator electrodes, antrum, open plus
	64590	Replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
PLUS*	<input type="checkbox"/> GENERATOR ONLY REPLACEMENT	
	CPT	DESCRIPTION
	64590	Replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
PLUS*	<input type="checkbox"/> PROGRAMMING	
	CPT	DESCRIPTION
	95980	Electronic analysis and programming
PLUS*	<input type="checkbox"/> ENDOSCOPY (*IF PERFORMED BY A SEPARATE PHYSICIAN)	
	CPT	DESCRIPTION
	43235	Esophagogastroduodenoscopy, flexible transoral, diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)

Pacific Access on behalf of Enterra Medical prior authorization services are provided for your convenience only and should be utilized for cases that require prior authorization. It is the responsibility of the provider to ensure that the patient has appropriate benefits and that appropriate claims and charges for services that were rendered are submitted. In the event a favorable coverage determination is not achieved Pacific Access on behalf of Enterra Medical is not and shall not be liable for the cost of the patient's medical treatment. Pacific Access on behalf of Enterra Medical provides assistance on prior authorization requests only for FDA approved or cleared indications.



2. CPT copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

ENTERRA™ THERAPY FOR GASTROPARESIS

Patient Name:

Current Symptoms:

Date of Gastric Emptying Test (GET):**Result of GET:**

Date of Endoscopy: _____

Results:

History of Weight Loss:

How many days has the patient spent in the hospital in the past year due to Gastroparesis?:

Date: Weight

Nausea and Vomiting:

Date: Weight:

Frequency of Nausea per week:

Date: Weight:

Frequency of Vomiting per week:

Supplemental Nutrition: J-Tube; Since: TPN; Since: Other: _____ Since: _____

Medications Tried and Failed: Metoclopramide Erythromycin Domperidone Cisapride Tegaserod Other _____ Phenergan Compazine Tigan Ondansetron Other _____

Current Medical Regimen:

Other medical disorders which would present complications:

Please explain how gastroparesis symptoms affect patient's quality of life:

Fax or email completed form to:
Prior Authorization Services
Phone: 1-888-826-4441
Fax: 1-651-299-0440
email: enterra@pacifictherapyaccess.com