PRIOR AUTHORIZATION REQUEST FORM
ENTERRA™ THERAPY FOR GASTROPARESIS

enterra medical™

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 seperate 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	Site of Service Code (see below) _____ Inpatient or Outpatient procedure: _____
Zip	Scheduled Procedure Date:	

Site of Service Codes:
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) ☐ Self ☐ Spouse ☐ Child
Patient Address (Street)		Primary Insurance Phone #
City	State Secondary Insurance Name	Policy Holder
Zip Phone #	Secondary ID Number	Relationship to insured (check one) ☐ Self ☐ Spouse ☐ Child
Date of Birth	Secondary Insurance Phone #	

Patient Diagnosis Code[1] (please check appropiate diagnosis)

☐ Diabetic Gastroparesis (E1x.43 +K31.84)   ☐ Idiopathic Gastroparesis (K31.84)

☐ Secondary Diabetic Gastroparesis (E0x.43 + K31.84)   ☐ Other (please give ICD10 code)[1]_____

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@pacifictherapyaccess.com

Patient

ENTERRA™ THERAPY FOR GASTROPARESIS

NEW IMPLANT PROCEDURES ▼

SELECT ONE IMPLANT METHOD

☐ **LAPAROSCOPIC, LEAD IMPLANT**
WITH **GENERATOR IMPLANT**

CPT[2]	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

☐ **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

☐ **PROGRAMMING**

CPT	DESCRIPTION
95980	Electronic analysis and programming

PLUS*

☐ **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

☐ **GENERATOR REVISION** OR **REMOVAL**

CPT	DESCRIPTION
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

☐ **LAPAROSCOPIC, LEAD REVISION** OR **REMOVAL**

CPT	DESCRIPTION
43648	8 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum

☐ **OPEN, LEAD REVISION** OR **REMOVAL**

CPT	DESCRIPTION
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open

REPLACEMENT PROCEDURES ▼

SELECT ONE REPLACEMENT METHOD

☐ **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

☐ **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

☐ **GENERATOR ONLY REPLACEMENT**

CPT	DESCRIPTION
64590	Replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

PLUS

☐ **PROGRAMMING**

CPT	DESCRIPTION
95980	Electronic analysis and programming

PLUS*

☐ **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.

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E2022.v1PTA

Tel. 1-888-826-4441
Fax: 1-651-299-0440

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   ☐ Phenergan
☐ Erythromycin   ☐ Compazine
☐ Domperidone   ☐ Tigan
☐ Cisapride   ☐ Ondansetron
☐ Tegaserod   ☐ Other _____
☐ Other _____

Current Medical Regimen:

Other medical disorders which would present complications:

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