

# Gastric Electrical Stimulation (GES)



## 2026 HOSPITAL OUTPATIENT REFERENCE GUIDE

### Description

Enterra® Therapy is the first and only device designed to reduce the nausea and vomiting associated with diabetic or idiopathic gastroparesis through gastric electrical stimulation (GES). The implant procedure is a minimally-invasive laparoscopic or robotic surgical procedure, where a neurostimulator is placed in subcutaneous tissue (typically in the abdomen) and the leads are placed on the serosal surface of the stomach's greater curvature. To learn more about the procedure visit [www.enterramedical.com](http://www.enterramedical.com).

### ICD-10-CM diagnosis coding

Diagnosis codes are used by both physicians and facilities to document the indication for the procedure. Consult an ICD-10-CM manual for a complete list of diagnosis codes and verify appropriate ICD-10 diagnosis codes, including those for any underlying condition(s).

#### Commonly Used ICD-10-CM Diagnosis Codes

ICD-10-CM Code <sup>1</sup>	Descriptor
K31.84	Gastroparesis
Z45.42	Encounter for adjustment and management of neurostimulator

### Device reporting

HCPCS Level II device codes are required for Medicare hospital outpatient reporting. The following C-codes may be appropriate for use in this setting. Additionally, some non-Medicare payers recognize L-codes; the L-codes listed below may be appropriate for reporting to those payers.

#### HCPCS Level II Device Crosswalk

Device Category	Device Description	Model Number(s)	HCPCS C-Code(s) <sup>2</sup>	HCPCS L-Code(s) <sup>2</sup>
Implantable Pulse Generator (IPG)	Enterra II Neurostimulator	37800	C1767	L8679
Stimulation Lead	Enterra Unipolar Lead	4351-35	C1778	L8680
Programmer	Programming Device & Card	8840, 8870	C1787	L8681

## Hospital outpatient coding and payment

CPT® Code <sup>3</sup>	Description	Status Indicator	APC	Medicare National Average Payment <sup>4</sup>	Private/ Commercial
<b>Insertion/Battery Replacement</b>					
<b>64590</b>	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	J1	5464	\$19,820	Contractual
<b>43647</b>	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	J1	5463	\$11,384	Contractual
<b>43235</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).	T	5301	\$927	Contractual
<b>95980</b>	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter, intraoperative, with programming	N	N/A	Packaged	Contractual
<b>C1767</b>	Generator, neurostimulator (implantable), non-rechargeable	N/A	N/A	Report with Revenue Code 278 and device charges	Report with Revenue Code 278 and device charges
<b>C1778</b>	Lead, neurostimulator (implantable)				
<b>Revision or Removal</b>					
<b>64595</b>	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver with detachable connection to electrode array	J1	5461	\$3,571	Contractual
<b>43648</b>	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	J1	5362	\$10,860	Contractual
<b>Programming</b>					
<b>95981</b>	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter, subsequent, without reprogramming	Q1	5733	\$61	Contractual
<b>95982</b>	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter, subsequent, with reprogramming	Q1	5741	\$38	Contractual

### Status Indicators for Hospital Outpatient

Status Indicator <sup>5</sup>	Description
<b>J1</b>	Services paid through Comprehensive APC
<b>T</b>	Procedure or Service, Multiple Procedure Reduction Applies
<b>N</b>	Items and Services Packaged into APC Rates S Procedure or service
<b>Q1</b>	This indicates that if it's billed on the same date as a service with an "S," "T," or "V" status indicator, the Q1 code is bundled (packaged) and will not be paid separately. If billed without an "S," "T," or "V" service on the same day, payment is made at the normal Ambulatory Payment Classification (APC) rate

If you have reimbursement questions regarding the Enterra Therapy Procedure, please contact us at [reimbursement@enterramedical.com](mailto:reimbursement@enterramedical.com) or 1-855-768-3772.

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1. ICD-10-CM Expert for Physicians and Hospitals, 2026. AAPC.
2. 2026 Alpha-Numeric HCPCS File.
3. CPT copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
4. Centers for Medicare and Medicaid Services. CMS-1834-F:Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. CY 2026 NFRM Addendum B.
5. Centers for Medicare and Medicaid Services. CMS-1834-F:Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. CY 2026 NFRM Addendum D1.

#### Important Safety Information

Enterra® Therapy for treatment of chronic, resistant to medication nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years: patients should always discuss potential risks and benefits of the device with their physician. **Indications for Use:** The Enterra Therapy System for gastric electrical stimulation is indicated for use in the treatment of chronic, intractable (drug refractory) nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years. **Contraindications:** The Enterra Therapy System is not intended for patients whom the physician determines are not candidates for surgical procedures and/or anesthesia due to physical or mental health conditions. You cannot have diathermy (deep heat treatment from electromagnetic energy) if you have an Enterra device. **Warnings/Precautions/Adverse Events:** This system has not been evaluated for pregnant women, for use in patients under the age of 18, or patients over the age of 70. The system may be affected by or adversely affect cardiac devices. Strong sources of electromagnetic interference (EMI) such as from electrocautery, defibrillation/cardioversion, therapeutic ultrasound, radiofrequency (RF)/microwave ablation, or MRI, can result in serious injury, system damage, or operational changes to the system. EMI, postural changes, or other activities may cause shocking or jolting sensations.



The Enterra II System is MR Conditional. This means that patients with the Enterra II System can safely have MRI examinations of some body parts under certain conditions. The conditions for MRI scans will vary with the type of MRI coil. Obtain the latest MRI guidelines by referring to the manuals at [www.enterramedical.com/hcp/manuals](http://www.enterramedical.com/hcp/manuals).

Patients on anticoagulation therapy may be at a greater risk for post-operative complications. The use of non-Enterra Medical components with this system may result in damage to Enterra Medical components, loss of therapy, or patient injury. There is the possibility of an allergic or immune system response to the implanted materials. When possible, a physician is to identify and treat any infections prior to surgery. Infections at the implant site almost always require the surgical removal of the implanted system. The lead can become entangled with the bowel or perforate your stomach and cause life-threatening blockage or infections that require immediate medical attention and may require surgery. Patients should avoid activities that may put undue stress on the implanted system components (activities that include sudden, excessive, or repetitive bending, twisting, bouncing, or stretching that can cause component fracture or dislodgement). Adverse events related to the therapy, device, or procedure can include: infection, pain at the surgery site, device components may wear through the skin, bruising at the neurostimulator site, bleeding, loss of therapeutic effect, undesirable change in stimulation (described as a jolting, shocking, or burning sensation), gastrointestinal symptoms and gastrointestinal complications (in that the lead may perforate your stomach or device components may become entangled with or obstruct other internal organs, requiring surgery). The system could stop because of battery depletion or mechanical or electrical problems. Any of these situations may require additional surgery or cause your symptoms to return.

**Humanitarian Device:** Authorized by Federal law for use in the treatment of chronic intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology in patients aged 18 to 70 years. The effectiveness of this device for this use has not been demonstrated. For further information, please contact Enterra Medical at [info@enterramedical.com](mailto:info@enterramedical.com). USA Rx only.

[www.enterramedical.com](http://www.enterramedical.com)

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