Gastric Electrical Stimulation (GES)

2026 HOSPITAL OUTPATIENT REFERENCE GUIDE

Enterra Ascent® has not been approved by the U.S. Food and Drug Administration (FDA). FDA has notified Enterra Medical that Enterra Ascent® and Enterra Entrust® may be distributed for implant under an FDA enforcement policy.

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.

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[1]	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)[2]	HCPCS L-Code(s)[2]
Implantable Pulse Generator (IPG)	Enterra II Neurostimulator	37800	C1767	L8679
	Enterra Ascent® Neurostimulator	50100	C1767	L8679
Stimulation Lead	Enterra ReliaStim® Unipolar Lead	30101	C1778	L8680
Programmer	N'Vision Programmer & Card	8840, 8870	C1787	L8681
	Enterra Entrust® Programmer	40100	C1787	L8681

Hospital outpatient coding and payment

CPT® Code[3]	Description	Status Indicator	APC	Medicare National Average Payment[4]	Private/ Commercial
Insertion/Battery Replacement					
64590	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
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	J1	5463	$11,384	Contractual
95980	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
C1767	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
C1778	Lead, neurostimulator (implantable)				
Revision or Removal					
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver with detachable connection to electrode array	J1	5461	$3,571	Contractual
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	J1	5362	$10,860	Contractual
Programming					
95981	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
95982	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[5]	Description
J1	Services paid through Comprehensive APC
T	Procedure or Service, Multiple Procedure Reduction Applies
N	Items and Services Packaged into APC Rates S Procedure or service
Q1	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 or 1-855-768-3772.

Enterra Ascent® has not been approved by the U.S. Food and Drug Administration (FDA). Because of a shortage of the Enterra® II device, FDA has notified Enterra Medical that Enterra Ascent may be distributed under an FDA enforcement policy for medical device supply shortages while FDA's review of the Enterra Ascent submission continues. This does not mean that FDA has approved Enterra Ascent or made any determination about its safety or probable benefit. Enterra Ascent is intended to provide the same therapy as Enterra II, but it has design changes that FDA has not yet fully reviewed. Before implanting Enterra Ascent, review the Enterra Ascent instructions for use, including all warnings, precautions, and potential adverse events.

DISCLAIMER
The reimbursement information provided by Enterra Medical is for informational purposes only and does not constitute legal or reimbursement advice. Enterra Medical makes no guarantees regarding its accuracy, completeness, or applicability to any patient and disclaims liability for actions taken based on this information. Providers are responsible for accurate coding and reimbursement submissions and should consult payers, contracts, reimbursement specialists, or legal counsel for guidance, as laws and policies frequently change. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components aren't assigned by the AMA, aren't part of CPT, and the AMA isn't recommending their use. The AMA doesn't directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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, with Enterra Ascent®, is 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. Patients cannot have diathermy (deep heat treatment from electromagnetic energy) if they have an Enterra device.

Warnings/Precautions/Adverse Events: This system has not been evaluated for pregnant women, or for use in patients under the age of 18 or 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 and Enterra Ascent Implantable Systems are MR Conditional. This means that patients with the Enterra II System and Enterra Ascent 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.



The Enterra I System and the external components of the Enterra System, including the N'Vision® Clinician Programmer and the Enterra Entrust® Clinician Programmer, are MR Unsafe. These devices must NOT be taken into the MR scanner room (ACR Zone IV).

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 the 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 the 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 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. USA Rx only.

www.enterramedical.com

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