Gastric Electrical Stimulation (GES)

2026 PHYSICIAN PAYMENT 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.

Physician payment

CPT® Code[1]	Description	Work RVUs[2]	Total RVUs[3]	Payment Rate[2,3]	Global Period[2]
Insertion or 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	4.97	7.99	$268	10
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Contractor Priced	Contractor Priced	Contractor Priced	YYY
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).	2.04	3.31	$111	0
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	0.78	1.24	$42	XXX
Revision or Removal					
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver with detachable connection to electrode array	3.7	6.28	$211	10
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Contractor Priced	Contractor Priced	Contractor Priced	YYY
Programming Analysis or Adjustment					
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	0.29	1.31 *Physician Office Non-Facility*	$44 *Physician Office Non-Facility*	XXX
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	0.63	1.93 *Physician Office Non-Facility*	$65 *Physician Office Non-Facility*	XXX

Programming device adjustments

After the Enterra Therapy System is implanted, chronic follow-up care should continue based on individual patient needs. If medically necessary, these visits may include a patient assessment, device data review and programming changes. If an office visit is also conducted when the device is checked, it may be appropriate to bill for that separately. In order to bill for the clinic visit, the Evaluation & Management (E/M) criteria must be separate and identifiable from the device programming activity and modifier-25 may be appropriate to use with the E/M code.[4]

Payment for lead placement/revision/removal

For CPT code 43647 and 43648, CMS has determined that rather than setting a national RVU for the code, it should be "contractor priced." That is, CMS is requesting that each local Medicare Area Contractor (MAC) assign both RVU's and payment. MACs will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.

When assigning RVUs and payment, payors and administrators will often look to procedures that are similar in terms of work and effort involved as a proxy or crosswalk for the code. It is always up to the provider to determine the most appropriate comparison procedure, and to support that recommendation with detailed documentation. One potential comparison procedure to consider is a laparoscopic Nissen fundoplication:

CPT Code[1]	Description	Work RVUs[2]	Total RVUs[2]	Payment Rate[2,3]	Global Period[2]
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	17.65	30.28	$1,016	90

Many hospitals and physician groups also use RVUs to set physician payment rates and follow a similar process of reviewing a comparison procedure that is similar in terms of work and effort to establish a rate. The American College of Surgeons recommends listing two or three factors that make the unlisted procedure the same work, or more/less difficult than the comparison code. Then, document the established fee for the comparison CPT code and indicate a recommended fee for the unlisted CPT code based on the percentage of more or less work required.[5]

	Gastric Electrical Stimulation (GES)	Laparoscopic Nissen fundoplication
Code	43647	43280
Definition	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
Work/Total RVUs	–	17.65/30.28
Procedure Description	Under general anesthesia, surgical laparoscopy is performed. A supraumbilical incision is made, and the abdomen is entered using standard techniques for laparoscopy. Pneumoperitoneum is initiated. Two to five working trocar ports are placed in the abdominal wall. The viscera are inspected. The stomach is visualized, and the leads are introduced into the abdominal cavity via one of the trocars. Two leads are then implanted into the muscle layer between the serosa and the submucosa of the gastric antrum, using the needle attached to each lead. To prevent penetration into the lumen of the stomach, the guide needle is driven parallel to the surface. Intraoperative gastroscopy may be performed simultaneously by a separate physician to monitor for possible mucosal penetration. Once the lead is in good position, the lead is anchored to the serosal surface of the stomach and the guide needle is removed. The second lead is implanted parallel to the initial lead, separated by approximately 1 cm. The proximal ends of the leads are guided out of the abdominal cavity through a trocar into the area where a subcutaneous pocket will house the gastric neurostimulation pulse generator (creation of the subcutaneous pocket and implantation of the gastric neurostimulation pulse generator is covered by code 64590). The leads are connected to the gastric neurostimulation pulse generator and the impedance of the system is tested. The gastric neurostimulation generator is anchored to the fascia. After implantation of the gastric stimulator and confirmation of hemostasis, the trocars are removed, the pneumoperitoneum decompressed, and the surgical wounds are closed. Postoperative X-rays of the abdominal area are taken. Source: CPT Assistant, March 2007, p. 4	Following induction of general endotracheal anesthesia, the patient is placed in a low lithotomy position with the head of the table elevated 30 to 45 degrees. The knees are slightly flexed and placed in well-padded stirrups, so that the surgeon can stand between the patient's legs for optimal access to the upper portion of the abdomen. The abdomen is insufflated with carbon dioxide gas introduced through tubing attached to a Verres needle inserted into the abdomen. The resulting pneumoperitoneum is maintained throughout the procedure at a pressure of 12-14 mm HG. The Verres needle is replaced with a laparoscope, and the interior of the abdomen is examined under direct vision. Four more ports are placed for the procedure, including one placed near the xiphoid process (lower end of the sternum). Exact port placement can vary, depending on the surgeon's preference. The first steps in the procedure are focused on exposing the esophageal hiatus and the esophagogastric junction. Using a fan-shaped retractor, the caudate lobe of the liver is held toward the anterior abdominal wall to expose the hepatogastric omentum. In most patients, a natural window or opening is usually present in the omentum there. The tissue at the edge of the window is incised to expose the right crus muscle. Dissection is continued on the medial side of the right crus that allows visualization of the esophagus, the esophageal hiatus (opening in the diaphragm), and hiatal hernia, if present. The right and left crus muscles are sequentially dissected from attachments. The next steps are performed to free the entire circumference of the esophagus so that the fundal flap can be placed around it. The fundus of the stomach is mobilized next by dividing the short gastric vessels at that location. Then the esophagus is mobilized by dissection through the soft tissues of (Continued) the hiatus. With the esophagus and fundus held aside, sutures are placed in both crus muscles below the esophagus to bring them together to close the hiatal hernia. Then the fundoplasty is performed. The posterior wall of the fundus is grasped and brought behind the esophagus. Then the anterior wall of the fundus is positioned on the anterior esophagus so that the two structures together encircle it. A bougie or dilator may be passed into the esophagus and advanced through the esophagogastric junction to ensure the wrap is not too tight during the suturing process. Sutures are passed through the left and right sides of the fundus, including stitches between them in the anterior wall of the esophagus, to close the fundal wrap around the esophagus. If inserted, the bougie is removed. The operative area is irrigated, and the solution is removed using suction. Instruments are removed, the pneumoperitoneum is reversed, and the trocars are removed from each port. The port wounds may be closed with a single layer of sutures. Source: CPT Assistant, December 2002, p. 1.

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. CPT copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
2. CY 2026 MPFS CMS-1832-F, Addendum B. Global Period YYY = the global period is to be set by the contractor. Global Period XXX = the global concept does not apply.
3. RVUs and payment for CPT 95981 and 95982 are stated as Total Non-Facility RVUs given these activities most commonly occur in the physician office. All other Total RVUs are listed as Total Facility RVUs.
4. American Medical Association. Guide to Reporting CPT Modifier 25. Accessed March 14, 2025, at https://www.ama-assn.org/system/files/reporting-CPT-modifier-25.pdf.
5. Simon, K. et al. Unlisted procedures: Strategies for successful reimbursement. American College of Surgeons Bulletin. Accessed March 14, 2025, at https://www.facs.org/media/3pqhpnxk/2017_08_unlisted.pdf.

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.

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