MEASUREMENT OF UPPER GI MOTILITY
MED201.017
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 7/1/2004

COVERAGE:

Cutaneous Electrogastrography (EGG) and duodenal-jejunal manometry (DJM) are considered investigational or experimental.

<table>
<thead>
<tr>
<th>CPT/HCPCS CODES:</th>
<th>CORRESPONDING ICD-9 DX CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>91132, 91133</td>
<td>To numerous to list</td>
</tr>
</tbody>
</table>

ICD9 PROCEDURE CODE: 44.19

TOS for TX Pricer: Laboratory (8, R)

TOS for IL, NM BlueChip: Medicine

POS: Inpatient (1); Outpatient (2); Clinic, Office, or Laboratory (3)

DESCRIPTION:

Cutaneous EGG is a noninvasive test that detects gastric motility by recording the frequency and regularity of gastric myoelectrical activity. The test is purported to investigate the mechanisms of gastric motility by means of surface electrodes. The cutaneous signals are low in amplitude, and heavily contaminated by noise, and visual analysis is inadequate. EGG cannot determine the etiology of detected abnormalities due a lack of specificity and predictive value of the tests.

DJM is an invasive test, performed by passing a semiconductor recording probe transnasally into the upper small intestines. The probe is a durable recording device which measures the mobility of the small intestine. The probe consists of six ultra-miniature silicone pressure sensors. The device is left in place 24 to 36 hours. As with EGG the data is inadequate to determine how the results of this test would impact patient management.

RATIONALE:

The current literature (2000 through 2002) suggests that EGG is primarily used as a research tool in patients with a variety of disorders. Other studies continue to focus on the technical performance of the test. No study was identified that elucidated the diagnostic performance of EGG in different populations of patients or how this information could be used to benefit patient management. In 2001, the American Gastroenterological Association published a medical position statement which offers the following conclusions:
“Although well-documented disorders of enteric nerve and muscle such as the pseudo-obstruction syndrome may result in nausea and vomiting, the role of gastrointestinal dysmotility and gastroparesis, in particular, in the patient with isolated chronic nausea and vomiting remains unclear. Although gastroparesis is common among patients in this category, its primacy remains in dispute, and the interrelationships between such entities as functional and psychogenic vomiting, idiopathic gastroparesis, and functional dyspepsia remain unclear. For these same reasons, the place of such tests of motor function as gastric emptying studies, electrogastrography, and manometry have not been defined, and the yield of such diagnostic studies has not been adequately compared with a therapeutic trial of an antiemetic and/or prokinetic agents.”

Based on a lack of proven double-blind peer reviewed studies of Cutaneous EGG and, studies of DJM, and an absence of consensus among the current researchers on how the data should be interpreted, these tests are considered investigational and experimental.

PRICING:

None

REFERENCES:


MEASUREMENT OF UPPER GI MOTILITY
MED201.017
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 7/1/2004


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.