MASSACHUSETTS

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Medical Policy

Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia

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Policy Number: 451

BCBSA Reference Number: 2.01.91
NCD/LCD: N/A

Related Policies

Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease, #920

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Peroral endoscopic myotomy is considered **INVESTIGATIONAL** as a treatment for pediatric and adult esophageal achalasia.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is **not** a covered service.
Commercial PPO and Indemnity	This is **not** a covered service.
Medicare HMO Blue℠	This is **not** a covered service.
Medicare PPO Blue℠	This is **not** a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

There are no specific codes for this procedure.

Description

Esophageal Achalasia

Esophageal achalasia is characterized by reduced numbers of neurons in the esophageal myenteric plexuses and reduced peristaltic activity, making it difficult for patients to swallow food and possibly leading to complications such as regurgitation, coughing, choking, aspiration pneumonia, esophagitis, ulceration, and weight loss. The estimated U.S. prevalence of achalasia is 10 cases per 100000, and the estimated incidence is 0.6 cases per 100000 per year.[1]

Treatment

Treatment options for achalasia have included pharmacotherapy (eg, injections with botulinum toxin), pneumatic dilation, and laparoscopic Heller myotomy.[1,2] Although the latter two are considered the standard treatments because of higher success rates and relatively long-term efficacy compared with pharmacotherapy, both are associated with a perforation risk of about 1%. Heller myotomy is the most invasive of the procedures, requiring laparoscopy and surgical dissection of the esophagogastric junction.[2] One-year response rates of 86% and major mucosal tear rates requiring the subsequent intervention of 0.6% have been reported.[3]

Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure developed in Japan.[2,4] POEM is performed with the patient under general anesthesia.[5] After tunneling an endoscope down the esophagus toward the esophageal-gastric junction, a surgeon performs the myotomy by cutting only the inner, circular lower esophageal sphincter muscles through a submucosal tunnel created in the proximal esophageal mucosa. POEM differs from laparoscopic surgery, which involves the complete division of both circular and longitudinal lower esophageal sphincter muscle layers. Cutting the dysfunctional muscle fibers that prevent the lower esophageal sphincter from opening allows food to enter the stomach more easily.[2,5]

Note that the acronym POEM in this review refers to *peroral endoscopic myotomy*. POEMS syndrome, which has a similar acronym, is discussed in policy #075.

Summary

Esophageal achalasia is characterized by reduced numbers of neurons in the esophageal myenteric plexuses and reduced peristaltic activity, making it difficult for patients to swallow food and possibly leading to complications such as regurgitation, coughing, choking, aspiration pneumonia, esophagitis, ulceration, and weight loss. Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure that uses the oral cavity as a natural orifice entry point to perform myotomy of the lower esophageal sphincter. This procedure is intended to reduce the total number of incisions needed and thus the overall invasiveness of surgery.

For adults who have achalasia who receive POEM, the evidence includes systematic reviews of observational studies, a randomized controlled trial, nonrandomized comparative studies, and case series. The relevant outcomes are symptoms, functional outcomes, health status measures, resource utilization, and treatment-related morbidity. The comparative studies have primarily reported similar outcomes for POEM and for Heller myotomy in symptom relief, as assessed by the Eckardt score. Some studies have shown a shorter length of stay and less postoperative pain with POEM. However, potential imbalances in patient characteristics in these nonrandomized studies might have biased the treatment comparisons. In the case series, treatment success at short follow-up periods was reported for a high proportion of patients treated with POEM. However, the incidence of adverse events was relatively high, with POEM-specific complications, including subcutaneous emphysema, pneumothorax, and thoracic effusion, reported across studies. Additionally, a substantial proportion of patients undergoing POEM developed gastroesophageal reflux disease and esophagitis and required treatment. Case series do not

permit conclusions about the efficacy of POEM relative to established treatment, and long-term outcomes of the procedure are not well described in the literature. The evidence is insufficient to determine the effects of the technology on health outcomes.

For pediatric patients who have achalasia who receive POEM, the evidence includes several nonrandomized studies and a systematic review. The relevant outcomes are symptoms, functional outcomes, health status measures, resource utilization, and treatment-related morbidity. The studies reported treatment success for POEM based on decreases in Eckardt scores and lower esophageal sphincter pressure. No randomized clinical trials have been reported. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
1/2020	BCBSA National medical policy review. Pediatric achalasia and policy statement clarified for consistency; intent of statement unchanged.
1/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
1/2018	New references added from BCBSA National medical policy.
12/2016	New references added from BCBSA National medical policy.
1/2016	New references added from BCBSA National medical policy.
3/2014	New medical policy describing investigational indications. Effective 3/1/2014.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

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