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
Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease, #635
Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease GERD, #920

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Peroral endoscopic myotomy is considered INVESTIGATIONAL as a treatment for esophageal achalasia.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO BlueSM</td>
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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**  
Estimated U.S. prevalence of achalasia is 10 cases per 100,000, and estimated incidence is 0.6 cases per 100,000 per year.¹ Treatment options for achalasia have traditionally included pharmacotherapy such as injections with botulinum toxin, pneumatic dilation, and laparoscopic Heller myotomy.²,³ Although the last 2 are considered the mainstay of treatment because of higher success rates and relative long-term efficacy compared with pharmacotherapy and botulinum toxin injections, both are associated with a perforation risk of about 1%. Laparoscopic 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 rates of major mucosal tears requiring subsequent intervention of 0.6% have been reported.³

Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure developed in Japan by Dr. Haruhiro Inoue et al.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 (LES) muscles through a submucosal tunnel created in the proximal esophageal mucosa. POEM differs from laparoscopic surgery, which involves complete division of both circular and longitudinal LES muscle layers. Cutting the dysfunctional muscle fibers that prevent the LES from opening allows food to enter the stomach more easily.²,⁵

**Summary**  
Esophageal achalasia is characterized by prolonged occlusion of the lower esophageal sphincter (LES) 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 LES. This procedure has the intent of reducing the total number of incisions needed and, thus, reducing the overall invasiveness of surgery. The evidence for peroral endoscopic myotomy in patients who have achalasia includes nonrandomized comparative studies and case series. Relevant outcomes are symptoms, functional outcomes, health status measures, resource utilization, and treatment-related morbidity. The comparative studies showed mostly similar outcomes with POEM versus Heller myotomy for the outcome of symptom relief as assessed by the Eckardt score. Some studies showed shorter length of stay and less postoperative pain with POEM. However, potential imbalance in patient characteristics in these nonrandomized studies may bias the comparisons between treatments. In the case series studies, treatment success at short followup periods was reported for a high proportion of patients treated with POEM. However, 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 esophagitis requiring treatment. The case series studies do not allow conclusions about the efficacy of POEM relative to established treatment. 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.

**Policy History**

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<tr>
<td>1/2018</td>
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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

References


