



MEDICAL COVERAGE POLICY

SERVICE: Peroral Endoscopic Myotomy for Esophageal Achalasia POEM

Policy Number: 228

Effective Date: 03/01/2021

Last Review: 01/28/2021

Next Review Date: 01/28/2022

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Peroral Endoscopic Myotomy for Esophageal Achalasia (POEM)

PRIOR AUTHORIZATION: Not applicable.

POLICY: Peroral Endoscopic Myotomy for Esophageal Achalasia (POEM) is considered experiment, investigational and unproven because there are insufficient data to demonstrate its long-term clinical effectiveness.

OVERVIEW:

Peroral endoscopic myotomy (POEM) is a less invasive alternative to laparoscopic myotomy for treatment of esophageal achalasia. POEM is a natural orifice transmural endoscopic surgery (NOTES) technique. The technique involves passing an endoscope through the esophagus, making a tunnel for access to the lower esophagus and cutting the muscle fibers in the lower esophagus and proximal stomach.

The American College of Gastroenterology's 2013 clinical guideline on the diagnosis and management of achalasia discusses POEM as an emerging therapy and concludes that the available evidence from prospective cohort studies indicates POEM has promise as an alternative to the laparoscopic approach. However, randomized prospective comparison trials with standard approaches are needed, and POEM should only be performed in the context of clinical trials with the understanding that effective alternatives are available.

Society of the American Gastrointestinal and Endoscopic Surgeons' most recent statement on guidelines for the surgical treatment of EA was published in May 2011 and describes POEM as a technique in its infancy and concludes that more experience is needed before recommendations can be provided.

In 2014, the American Society for Gastrointestinal Endoscopy published guidelines on the role of endoscopy in the evaluation and management of achalasia (ASGE Standards of Practice Committee, 2014). These guidelines state that POEM is becoming more widely used in expert centers; however, long-term data and randomized trials comparing POEM to conventional modalities are needed before



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it can be adopted into clinical practice. The ASGE made no recommendations specifically regarding the use of POEM in managing achalasia.

POEM's efficacy has yet to be established. As a result, large, prospective multicenter trials with objective outcomes and comparison with alternative treatment options are warranted. To add to this, due to the chronic nature of EA, long-term clinical outcomes of POEM are necessary to establish safety.

MANDATES:

SUPPORTING DATA:

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	
CPT Not Covered:	43499 Unlisted procedure, esophagus
ICD10 codes:	
ICD10 Not covered:	K22.0 Achalasia of cardia

CMS: No applicable NCD or LCD found

POLICY HISTORY:

Status	Date	Action
New	01/31/2017	New policy
Review	01/23/2018	No changes
Review	01/15/2019	No changes
Review	01/23/2020	No changes
Review	01/28/2021	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP/FirstCare will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP/FirstCare so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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