MEDICAL POLICY STATEMENT
Kentucky D-SNP

Policy Name & Number	Date Effective
Peroral Endoscopic Myotomy (POEM) - KY D-SNP - MM-1311	07/01/2022
Policy Type	
MEDICAL	

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Table of Contents

A. Subject

Peroral Endoscopic Myotomy (POEM)

B. Background

Achalasia is a rare esophageal disorder that affects about 1 in every 100,000 people. The major symptom of achalasia is usually difficulty with swallowing. Most people are diagnosed between the ages of 25 and 60 years. Achalasia occurs when nerves in the esophagus become damaged. As a result, the esophagus becomes paralyzed and dilated over time and eventually loses the ability to squeeze food down into the stomach. The term “achalasia” actually means “failure to relax.”

Although the condition cannot be cured, the symptoms can usually be controlled with treatment. Treatments for achalasia include oral medications, dilation or stretching of the esophagus, surgery (open and laparoscopic), endoscopic surgery, and injection of muscle-relaxing medicines (botulinum toxin) directly into the esophagus.

Peroral endoscopic myotomy (POEM) is an endoscopic procedure developed in Japan. It is performed with the patient under general anesthesia. POEM differs from traditional laparoscopic surgery, which involves the complete division of both the longitudinal and circular lower esophageal muscle layers. The POEM procedure is performed in 4 steps: 1) mucosal incision/entry into the submucosa, 2) creation of a submucosal tunnel, 3) myotomy, and 4) closure of the mucosal incision. Studies suggest that POEM can achieve results comparable to or even better than those of pneumatic dilation and surgical myotomy with similar safety. However, POEM is a newer procedure, and knowledge of its long-term outcome is limited.

POEM is a form of natural orifice transluminal endoscopic surgery. The procedure is performed perorally, without any incisions in the chest or abdomen. The advantage of this approach is to reduce procedure-related pain and return patients to regular activities sooner than surgeries requiring external incisions.

C. Definitions

- **Achalasia** - A rare disorder making it difficult for food and liquid to pass from the swallowing tube connecting the mouth and stomach. In achalasia, nerve cells in the esophagus degenerate. As a result, the lower end of the esophagus, the lower esophageal sphincter (LES), fails to open to allow food into the stomach, leading to complications such as coughing, choking, aspiration pneumonia, ulceration, and weight loss. There are three different achalasia types, referred to as Type 1, Type 2, and Type 3.
  - **Type 1** - Type I achalasia is characterized by minimal esophageal pressurization. This type is characterized by the incomplete relaxation of the LES, a lack of mobility in terms of contraction and relaxation, and a small amount of pressure built up in the esophagus.
  - **Type 2** - Type 2 achalasia is indicated by esophageal compression. This type of achalasia is more severe and characterized by a more massive compression in the esophagus, often caused by the failure to relax and the build-up of pressure in the esophagus, typically from food.

- **Type 3** - Type 3 achalasia defines achalasia with spasms that result in sudden, abnormal squeezing of the esophagus and the LES. This type of achalasia is the most severe and can also elicit the most severe symptoms, such as severe chest pains that may mimic those of a heart attack and spasms severe enough to wake a person from sleep.

- **Eckardt Symptom Score** - The Eckardt symptom score is the grading system most frequently used for the evaluation of symptoms, stages, and efficacy of achalasia treatment. It attributes points (0 to 3 points) for four symptoms of the disease (dysphagia, regurgitation, chest pain, and weight loss) with scores ranging from zero (0) to twelve (12).
- **Gastroesophageal Reflux Disease (GERD)** - A chronic disorder that occurs when stomach bile or acid flows into the esophagus and irritates the lining.
- **Laparoscopic Heller Myotomy (LHM)** - A laparoscopic, minimally invasive, surgical procedure used to treat achalasia.
- **Peroral Endoscopic Myotomy Procedure (POEM)** - An endoscopic technique that emerged in the past decade as a minimally invasive management option for the treatment of achalasia.
- **Pneumatic Balloon Dilation (PD)** – An endoscopic therapy for achalasia. An air-filled cylinder-shaped balloon disrupts the muscle fibers of the lower esophageal sphincter, which is too tight in patients with achalasia.

D. Policy

I. CareSource considers the POEM procedure to be medically necessary when **ALL** of the following clinical criteria are met:
   A. The individual is 18 years of age or older,
   B. Has a diagnosis of primary achalasia, types I, II, or III,
   C. POEM is being proposed after the patient has tried and failed conventional therapy, including pneumatic dilation or is not a surgical candidate for Heller's myotomy,
   D. Eckardt symptom score is greater than three (3), and
   E. There is no history of previous open surgery of the stomach or esophagus.

II. Peroral endoscopic myotomy (POEM) for any other indication is considered experimental, investigational, and unproven.

III. Contraindications
   The following is a list of contraindications for this procedure:
   A. Severe erosive esophagitis
   B. Significant coagulation disorders
   C. Liver cirrhosis with portal hypertension
   D. Severe pulmonary disease
   E. Esophageal malignancy
   F. Prior therapy that may compromise the integrity of the esophageal mucosa or lead to submucosal fibrosis, including recent esophageal surgery, radiation, endoscopic mucosal resection, or radiofrequency ablation.

IV. Previous therapies for achalasia, such as PD, botulinum toxin injection, or LHM, are not contraindications to POEM.

V. Patients receiving POEM should be made aware and considered high risk to develop reflux esophagitis and will need to be advised of management considerations prior to undergoing the procedure.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	TBD	New policy
Date Revised		
Date Effective	07/01/2022	
Date Archived		

H. References

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