



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Peroral Endoscopic Myotomy-GA MCD-MM-1306	08/01/2025
Policy Type	
MEDICAL	

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A. Subject

Peroral Endoscopic Myotomy

B. Background

Achalasia (ie, failure to relax) is a rare esophageal disorder that affects about 1 in every 100,000 people and is usually associated with difficulty 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. 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 a procedure developed in Japan that is performed with the patient under general anesthesia. Studies suggest that POEM can achieve results comparable to or even better than those of pneumatic balloon dilation and laparoscopic Heller myotomy with similar safety. However, POEM is a newer procedure, and long-term outcome data 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 (eg, coughing, choking, aspiration pneumonia, ulceration, and weight loss). There are three different achalasia types, referred to as Type I, Type II, and Type III.
 - **Type I** – 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 II** – Indicated by esophageal compression, this type is more severe with 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 III** – With spasms that result in sudden, abnormal squeezing of the esophagus and the LES, this type is the most severe and can also elicit the most

severe symptoms (eg, 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 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 0 to 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 minimally invasive, surgical procedure used to treat 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 the following clinical criteria is met:
 - A. The member has a diagnosis of primary achalasia, types I, II, or III.
 - B. POEM is being proposed after the member has tried and failed conventional therapy, including pneumatic dilation or is not a surgical candidate for Heller myotomy.
 - C. Eckardt symptom score is greater than or equal to 3.
 - D. There is no history of previous open surgery of the stomach or esophagus.
- II. Members 18 or younger should be reviewed for medical necessity.
- III. POEM for any other indication is considered experimental, investigational, and unproven.
- IV. Contraindications for this procedure include:
 - 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
- V. Previous therapies for achalasia (eg, PD, botulinum toxin injection, or LHM) are not contraindications to POEM.

VI. Members receiving POEM should be made aware there is a high risk in developing GERD and will need to be advised of management considerations prior to undergoing the procedure.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	02/15/2023	New policy
Date Revised	02/14/2024	Annual review: title has been altered to remove the acronym, editorial changes to policy document language, deleted POEM definition, lowered Eckardt symptom score criteria to ≥ 3 to match LCD, changed reflux esophagitis in Section D.V. to GERD to match LCD, and updated references. Approved at Committee.
	12/18/2024	Annual review: updated age requirement and references. Approved at Committee.
Date Effective	08/01/2025	
Date Archived		

H. References

1. Aiolfi A, Bona D, Riva CG, et al. Systematic review and bayesian network meta-analysis comparing laparoscopic Heller myotomy, pneumatic dilatation, and peroral endoscopic myotomy for esophageal achalasia. *J Laparoendosc Adv Surg Tech A*. 2020;30(2):147-155. doi:10.1089/lap.2019.0432
2. Familiari P, de Andreis FB, Landi R, et al. Long versus short peroral endoscopic myotomy for the treatment of achalasia: results of a non-inferiority randomized controlled trial. *Gut*. 2023;72(8):1442-1450. doi:10.1136/gutjnl-2021-325579
3. Health technology assessment: peroral endoscopic myotomy for treatment of esophageal achalasia. Hayes; 2019. Reviewed March 7, 2023. Accessed December 5, 2024. www.evidence.hayesinc.com
4. Huang Z, Cui Y, Li Y, et al. Peroral endoscopic myotomy for patients with achalasia with previous Heller myotomy: a systematic review and meta-analysis. *Gastrintest Endosc*. 2021;93(1):47-56.e5. doi:10.1016/j.gie.2020.05.056
5. Khashab MA, Vela MF, Thosani N, et al. ASGE guideline on the management of achalasia. *Gastrointest Endosc*. 2020;91(2):213-227. doi:10.1016/j.gie.2019.04.231
6. Khashab MA, Kumbhari V, Tieu AH, et al. Peroral endoscopic myotomy achieves similar clinical response but incurs lesser charges compared to robotic Heller myotomy. *Saudi J Gastroenterol*. 2017;23(2):91-96. doi:10.4103/1319-3767.203360

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

7. Kohn GP, Dirks RC, Ansari MT, et al. SAGES guidelines for the use of peroral endoscopic myotomy (POEM) for the treatment of achalasia. *Surg Endosc*. 2021;35(5):1931-1948. doi:10.1007/s00464-020-08282-0
8. Meng F, Li P, Wang Y, et al. Peroral endoscopic myotomy compared with pneumatic dilation for newly diagnosed achalasia. *Surg Endosc*. 2017;31(11):4665-4672. doi:10.1007/s00464-017-5530-0
9. Patel DA, Lappas BM, Vaezi MF. An overview of achalasia and its subtypes. *Gastroenterol Hepatol*. 2017;13(7):411-421. Accessed December 5, 2024. www.ncbi.nlm.nih.gov
10. *Policies and Procedures for Physician Services*. Georgia Dept of Community Health, Division of Medicaid. Revised October 1, 2024. Accessed December 5, 2024. www.mmis.georgia.gov
11. Schneider AM, Louie BE, Warren HF, et al. A matched comparison of per oral endoscopic myotomy to laparoscopic Heller myotomy in the treatment of achalasia. *J Gastrointest Surg*. 2016;20(11):1789-1796. doi:10.1007/s11605-016-3232-x
12. Spechler SJ. Achalasia: pathogenesis, clinical manifestations, and diagnosis. UpToDate. Updated July 3, 2024. Accessed December 5, 2024. www.uptodate.com
13. Tan S, Zhong C, Ren Y, et al. Efficacy and safety of peroral endoscopic myotomy in achalasia patients with failed previous intervention: a systematic review and meta-analysis. *Gut Liver*. 2021;15(2):153-167. doi:10.5009/gnl19234
14. Vaezi MF, Pandolfino JE, Yadlapati RH, et al. ACG clinical guidelines: diagnosis and management of achalasia: diagnosis and management. *Am J Gastroenterol*. 2020;115(9):1393-1411. doi:10.14309/ajg.0000000000000731
15. Vespa E, Pellegatta G, Chandrasekar VT, et al. Long-term outcomes of peroral endoscopic myotomy for achalasia: a systematic review and meta-analysis. *Endoscopy*. 2023;55(2):167-175. doi:10.1055/a-1894-0147

Independent medical review – March 2022

GA-MED-P-3611852

Issue date 02/15/2023

Approved DCH 04/30/2025

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