



MEDICAL POLICY STATEMENT

Ohio MyCare

Policy Name & Number	Date Effective
Peroral Endoscopic Myotomy-OH MyCare-MM-1309	04/01/2025
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	3
E. Conditions of Coverage	4
F. Related Policies/Rules	4
G. Review/Revision History	4
H. References	4

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:
 - **Type I** – Characterized by minimal esophageal pressurization, this type is associated with 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 serious symptoms (eg, chest pains that may mimic those of a heart attack and spasms that can 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 patient 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 are as follows:
 - 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, 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.

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

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	04/01/2025	
Date Archived		

H. References

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Independent medical review – March 2022