Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia

PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description ( SPD) for details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). Medicare NCD or LCD specific InterQual criteria may be used when available. Although a non-Texas specific LCD exists, please use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid Provider Procedures Manual | TMHP (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia medically necessary when the following criteria are met:

1. member is age 18 years or older
2. member has achalasia type III based on testing
3. member has dysphagia by history

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

BACKGROUND:

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 Gastroenterological Association (AGA) recommends POEM be considered as a primary therapy for type III achalasia and comparable to laparoscopic Heller myotomy for any of the achalasia syndromes.

American Society for Gastrointestinal Endoscopy: POEM is the preferred treatment for management of patients with type III achalasia; POEM and laparoscopic Heller myotomy are comparable treatment options for management of patients with achalasia types I and II, and the treatment option should be based on shared decision-making between the patient and provider.

The current version of UpToDate review on “Overview of the Treatment of Achalasia” (Spechler, 2021) states that “good results for POEM have been reported in patients with achalasia conditions that often do not respond well to conventional therapies, such as type III (spastic) achalasia and “end-stage” achalasia (markedly dilated, sigmoid esophagus), and in patients who have failed prior endoscopic and surgical achalasia treatments. The role of POEM in the treatment of achalasia continues to evolve, although there is a consensus that POEM is the procedure of choice for the treatment of type III achalasia. It has been suggested that patients undergoing POEM should be counseled regarding the increased risk of post-procedure reflux compared with other treatments.”

MANDATES: None

CODES:

Important note: 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:  | 43497 - Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy) |
| CPT Not Covered: |
| ICD10 codes: |
| ICD10 Not covered: | K22.0 Achalasia of cardia |

POLICY HISTORY:

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MEDICAL COVERAGE POLICY
SERVICE:  Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia

Policy Number:  228
Effective Date:  03/01/2024
Last Review:  01/02/2024
Next Review:  01/02/2025

Updated 01/27/2022  Change status to POEM - may now be medically necessary
Reviewed 01/26/2023  No changes
Reviewed 01/02/2024  No change criteria. Clarified to use this policy for all LOBs, except Medicaid if TMPPM has guidance. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP 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 BSWHP 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.

**MEDICAL COVERAGE POLICY**

**SERVICE:** Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia

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**Note:**
Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA.