Medical Policy
Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 451
BCBSA Reference Number: 2.01.91

Related Policies
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease, #635
- Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease GERD, #920

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Peroral endoscopic myotomy is considered INVESTIGATIONAL as a treatment for esophageal achalasia.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an
individual member. Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

There are no specific codes for this procedure.

Description
Esophageal achalasia is characterized by prolonged occlusion of the lower esophageal sphincter (LES) and reduced peristaltic activity, making it difficult for patients to swallow food and possibly leading to complications such as regurgitation, coughing, choking, aspiration pneumonia, esophagitis, ulceration, and weight loss. Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure that uses the oral cavity as a natural orifice entry point to perform myotomy of the LES. This procedure has the intent of reducing the total number of incisions needed and, thus, reducing the overall invasiveness of surgery.

Background
Achalasia has an estimated prevalence in the United States of 10 cases per 100,000, with an incidence of 0.6 cases per 100,000 per year. (1) Treatment options for achalasia have traditionally included pharmacotherapy such as injections with botulinum toxin, pneumatic dilation, and laparoscopic Heller myotomy. (1, 2) Although the last two are considered the mainstay of treatment because of higher success rates and relative long-term efficacy compared to pharmacotherapy and botulinum toxin injections, they both are associated with a perforation risk of about 1%. Laparoscopic Heller myotomy is the most invasive of the procedures, requiring laparoscopy and surgical dissection of the esophagogastric junction. (2)

Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure developed by a Japanese surgeon, Dr. Haruhiro Inoue and colleagues. (2, 3) POEM is performed with the patient under general anesthesia. (4) After tunneling an endoscope down the esophagus toward the esophageal gastric junction, a surgeon performs the myotomy by cutting only the inner, circular lower esophageal sphincter (LES) muscles through a submucosal tunnel created in the proximal esophageal mucosa. POEM differs from laparoscopic surgery, which involves complete division of both circular and longitudinal LES muscle layers. Cutting the dysfunctional muscle fibers that prevent the LES from opening allows food to enter the stomach more easily. (2, 4)

Summary
Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure for treatment of esophageal achalasia that uses the oral cavity as a natural orifice entry point for lower esophageal sphincter (LES) myotomy. The intent of this approach is to reduce the total number of incisions needed and, thus, the overall invasiveness of surgery. The evidence base consists of case series and one non-randomized comparative trial with historical controls. Two of the larger case series, enrolling a total of 189 patients with achalasia treated with POEM, and one nonrandomized, historical control trial of 18 patients treated with POEM and 55 patients treated with Heller myotomy were included. Treatment success at short follow-up periods was reported for a high percent of patients treated with POEM. However, there were relatively high rates of adverse effects, with POEM-specific complications reported across studies, including subcutaneous emphysema, pneumothorax, and thoracic effusion. In addition, a substantial proportion of patients undergoing POEM developed esophagitis requiring treatment. In the nonrandomized historical control trial, investigators reported that POEM resulted in shorter operative times and less blood loss than laparoscopic Heller myotomy, although myotomy lengths, complication rates, length of stay, and narcotic use were similar between surgical groups.

The evidence shows that POEM is a technique in evolution that does not have a strong evidence base at this time. Uncontrolled case series demonstrate that it can improve symptoms in patients with achalasia, but that side effects can commonly occur. There are no controlled studies to determine the efficacy and safety above a control group, and there are no comparative effectiveness studies to evaluate long-term outcomes of POEM compared to alternative treatment. Therefore, the use of POEM for treatment of esophageal achalasia is considered investigational.
Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References