# Surgical Treatment for Achalasia
**(Per-oral Endoscopic Myotomy {POEM})**

**Date of Origin: 08/2015** **Last Review Date: 04/24/2024** **Effective Date: 07/01/2024**

**Dates Reviewed: 08/2016, 08/2017, 04/2019, 04/2020, 04/2021, 04/2022, 04/2024**

**Developed By:** Medical Necessity Criteria Committee

## I. Description

Achalasia results from progressive degeneration of ganglion cells in the myenteric plexus in the esophageal wall. It is characterized by the failure of relaxation of the lower esophageal sphincter (LES), often accompanied by a loss of peristalsis in the distal esophagus. Treatment of achalasia is aimed at decreasing the resting pressure in the LES to allow passage of ingested material.

For a diagnosis of achalasia confirmed by esophageal manometry, evidence demonstrates at least moderate certainty of at least moderate net benefit. Esophageal manometry is the gold standard for the diagnosis of achalasia.
An evidence-based specialty society guideline supports the treatment of achalasia with botulinum toxin injections, pneumatic dilation of the esophagus, esophageal myotomy with fundoplication, or, in rare cases, esophagectomy.

Peroral endoscopic myotomy (POEM) is the endoscopic equivalent of surgical myotomy and a newer technique for the management of achalasia. POEM utilizes the principles of submucosal endoscopy to transform the submucosal layer in the esophagus and proximal stomach into a tunnel through which esophageal and gastric myotomy are carried out using a flexible endoscope. Peroral endoscopic myotomy is a procedure to treat swallowing disorders caused by muscle problems such as spasms in the esophagus. POEM uses an endoscope — a narrow flexible tube with a camera — that is inserted through the mouth (peroral) to cut muscles in the esophagus (a myotomy). Cutting the muscles loosens them and prevents them from tightening and interfering with swallowing.

Prior to laparoscopic lower esophageal myotomy, of 262 patients with achalasia, 79% received botulinum toxin injections or pneumatic dilations, and 36% had both. At a mean follow-up of 32 months, 80% of patients indicated that their symptoms were greatly improved or resolved with myotomy, and 90% were satisfied with their outcome.

A meta-analysis of 17 studies (with a total of 761 patients) that compared botulinum toxin injection, pneumatic dilation, and surgical myotomy concluded that, based upon symptom recurrence rates, myotomy was the most effective alternative for the management of achalasia.

## II. Criteria: CWQI HCS-0127

A. Moda Health considers Per-oral Endoscopic Myotomy (POEM) procedure medically necessary for the treatment achalasia when ALL of the following criteria requirements are met;

i. A diagnosis of esophageal achalasia type III (spastic) is established by all of the following
   1. Twenty percent or more of swallows have premature spastic contractions as indicated by esophageal manometry; and
   2. Non-relaxing lower esophageal sphincter pressure (LES) indicated by a barium esophagogram with fluoroscopy and esophageal manometry

ii. Failure of a previous treatment for achalasia (e.g. Botox, pneumatic dilation)

iii. None of the following contraindications are present;
   1. Severe pulmonary disease; **or**
   2. Esophageal irradiation; **or**
   3. Esophageal malignancy; **or**
   4. Bleeding disorder, including coagulopathy; **or**
   5. Recent esophageal surgery: and endoscopic intervention that may compromise integrity of the esophageal mucosa

**NOTE:** *Surgical treatment of achalasia with Heller myotomy does not require Prior Authorization*

## III. Information Submitted with the Prior Authorization Request:

1. Chart notes documenting diagnosis and all current and past procedures/treatments.
2. The requested procedure description.

## IV. CPT or HCPC codes covered:

| Codes | Description |
|---|---|
| 43497 | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM]) |
| | |
| | |

## V. CPT or HCPC codes NOT covered:

| Codes | Description |
|---|---|
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## VI. Annual Review History

| Review Date | Revisions | Effective Date |
|---|---|---|
| 08/2015 | New Criteria developed | 08/26/2015 |
| 08/2016 | Annual Review: No changes | 08/31/2016 |
| 08/2017 | Annual Review: Updated to new template and minor format changes | 08/23/2017 |
| 04/2019 | Annual Review: No changes | 05/01/2019 |
| 04/2020 | Annual Review: No changes | 05/01/2020 |
| 04/2021 | Annual Review: No changes | 05/01/2021 |
| 04/2022 | Annual Review: No changes | 05/01/2022 |
| 04/2024 | Annual Review: Added coverage requirements for POEM, removed indications for Heller type myotomy, updated codes | 07/01/2024 |

## VII. References


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## Appendix 1 – Applicable Diagnosis Codes:

| Codes | Description |
|---|---|
| K22.0 | Achalasia of cardia |
| K22.2 | Esophageal obstruction |
| K22.4 | Dyskinesia of esophagus |
| R13.0 | Aphagia |
| R13.10 | Dysphagia, unspecified |
| R13.11 | Dysphagia, oral phase |

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|---|---|
| R13.12 | Dysphagia, oropharyngeal phase |
| R13.13 | Dysphagia, pharyngeal phase |
| R13.14 | Dysphagia, pharyngoesophageal phase |
| R13.19 | Other dysphagia |

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

| **Jurisdiction(s): 5, 8** | **NCD/LCD Document (s):** |
|---|---|
| Not applicable | |
| | |

| **NCD/LCD Document (s):** |
|---|
| |

| **Medicare Part B Administrative Contractor (MAC) Jurisdictions** | | |
|---|---|---|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |