SERVICE: Peroral Endoscopic Myotomy for Esophageal Achalasia (POEM)

PRIOR AUTHORIZATION: Not applicable.

POLICY: Peroral Endoscopic Myotomy for Esophageal Achalasia (POEM) is considered experimental and investigational because there are insufficient data to demonstrate its long-term clinical effectiveness.

OVERVIEW:

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 College of Gastroenterology’s 2013 clinical guideline on the diagnosis and management of achalasia discusses POEM as an emerging therapy and concludes that the available evidence from prospective cohort studies indicates POEM has promise as an alternative to the laparoscopic approach. However, randomized prospective comparison trials with standard approaches are needed, and POEM should only be performed in the context of clinical trials with the understanding that effective alternatives are available.

Society of the American Gastrointestinal and Endoscopic Surgeons’ most recent statement on guidelines for the surgical treatment of EA was published in May 2011 and describes POEM as a technique in its infancy and concludes that more experience is needed before recommendations can be provided.

In 2014, the American Society for Gastrointestinal Endoscopy published guidelines on the role of endoscopy in the evaluation and management of achalasia (ASGE Standards of Practice Committee, 2014). These guidelines state that POEM is becoming more widely used in expert centers; however, long-term data and randomized trials comparing POEM to conventional modalities are needed before
it can be adopted into clinical practice. The ASGE made no recommendations specifically regarding
the use of POEM in managing achalasia.

POEM’s efficacy has yet to be established. As a result, large, prospective multicenter trials with
objective outcomes and comparison with alternative treatment options are warranted. To add to this,
due to the chronic nature of EA, long-term clinical outcomes of POEM are necessary to establish
safety.

MANDATES:

SUPPORTING DATA:

CODES:

Important note:
CODES: 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.

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<th>CPT Codes:</th>
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CMS: LCD L34999 Transoral Incisionless Fundoplication dated effective 1/1/2016

POLICY HISTORY:

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<td>Review</td>
<td>01/15/2019</td>
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REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP 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 SWHP 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.

1. ASGE Standards of Practice Committee, Pasha SF, Acosta RD, et al. The role of endoscopy in the evaluation
2. Barbieri LA, Hassan C, Rosati R, Romario UF, Correale L, Repici A. Systematic review and meta-analysis:
3. Bhayani NH, Kurian AA, Dunst CM, Sharata AM, Rieder E, Swanson LL. A comparative study on
   comprehensive, objective outcomes of laparoscopic Heller myotomy with per-oral endoscopic myotomy


