Peroral Endoscopic Myotomy (POEM)
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Peroral Endoscopic Myotomy (POEM)		
MNG #: 127	☒ CCA Senior Care Options (HMO D-SNP) (MA) ☒ CCA One Care (Medicare-Medicaid) (MA)	**Prior Authorization Needed?** ☒ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☐ **No**
Benefit Type: ☒ **Medicare** ☒ **Medicaid**	**Original Approval Date:** 10/10/2024	**Effective Date:** 11/18/2024; 1/1/2025
Last Revised Date: 11/22/2024; 1/22/2025	**Next Annual Review Date:** 10/10/2025	**Retire Date:**

OVERVIEW:

Achalasia is a chronic condition for which there is no cure. The prevalence of achalasia in the United States is 10 cases per 100,000 individuals**,** occurring with equal frequency in both males and females. The disorder typically affects people between the second to the fifth decade of life with a peak incidence between the ages of 30 to 60 years. Treatment of achalasia is to ease the symptoms by decreasing the outflow resistance caused by a non-relaxing and hypertensive lower esophageal sphincter (LES). Achalasia symptoms may include any of the following:

- Difficulty swallowing
- Regurgitation
- Heartburn
- Belching
- Chest pain that comes and goes
- Coughing at night
- Aspiration pneumonia
- Weight loss
- Vomiting

POEM is the endoscopic complement of surgical myotomy and is a newer, less invasive procedure for the management of achalasia. During the POEM procedure, a tunnel is created in the submucosal layer of the esophagus and proximal stomach. Through this submucosal tunnel, an esophageal and gastric myotomy are made using a flexible endoscope. Given the complexity of this procedure, and as an estimated 20-40 procedures are needed to achieve competence, POEM should be performed by experienced physicians in high-volume centers.

While the Heller myotomy procedure often includes fundoplication, this is not usually part of the POEM procedure. This means that after POEM, stomach acid may more easily flow back up into the esophagus. Because of this, individuals who undergo POEM may develop gastrointestinal reflux disease, which is typically managed with the use of acid-blocking medications, such as proton pump inhibitors.

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Medical Necessity Guideline

DEFINITIONS:

Achalasia - An esophageal smooth muscle motility disorder that causes a functional obstruction at the gastroesophageal junction due to a failure of relaxation of the LES. Most often identified via esophageal manometry, achalasia subtypes include:

- **Type I** - characterized by 100% failed peristalsis (aperistalsis) with the absence of panesophageal pressurization to more than 30 mm Hg
- **Type II** - characterized by 100% failed peristalsis (aperistalsis) with panesophageal pressurization to greater than 30 mm Hg
- **Type III** - characterized by spastic contractions because of abnormal lumen obliterating contractions with or without periods of panesophageal pressurization

Eckardt Symptom Score (ESS) – A self-report assessment tool (below) which is used for the evaluation of symptoms, stages, and efficacy of achalasia treatment. It is a 4-item scale measuring weight loss, chest pain, regurgitation, and dysphagia. Each item is graded on a score of 0 to 3 with a maximum score of 12. A score greater than or equal to 3 is considered active achalasia.

Diagnostic test	**Description**				**Significance**
Symptom Assessment Eckardt Score	Score	Weight Loss (kg)	Dysphagia	Chest Pain	Regurgitation	
						Score <3 = Remission
	0	None	None	None	None	Score ≥3 = Needs Intervention
	1	<5	Occasional	Occasional	Occasional	
	2	5–10	Daily	Daily	Daily	
	3	>10	Each Meal	Each Meal	Each meal	

Esophageal Manometry – A procedure that evaluates contraction and pressure events along the entire length of the pharynx and esophagus during the pharyngeal and esophageal phases of the swallow. There are 2 types of manometry:

- Conventional Manometry: utilizes probes every 5 cm in the esophagus to measure contraction and pressure.
- High Resolution Manometry (HRM): utilizes a high-resolution catheter to transmit intraluminal pressure data that are subsequently converted into dynamic esophageal pressure topography (EPT) plots. Transducer probes are located approximately every 1 cm in the esophagus on the catheter.

Fundoplication - a procedure to reduce acid reflux into the esophagus by wrapping the fundus of the stomach around the esophagus in the abdomen, thereby recreating lower esophageal sphincter pressure

Gastroesophageal Reflux Disease (GERD) - A chronic gastrointestinal disorder characterized by the backflow of gastric contents into the esophagus.

Peroral Endoscopic Myotomy (POEM) Medical Necessity Guideline

Laparoscopic Heller Myotomy (LHM) – Exterior myotomy of the LES

Panesophageal Pressurization (PEP) - A condition that occurs when the entire esophagus is pressurized between the upper and lower esophageal sphincters due to an incompetent lower esophageal sphincter and stiff esophageal wall not expanding to accommodate the volume of liquid swallowed, leading to gastric contents flowing backward.

Pneumatic Dilation (PD) – Endoscopic balloon dilation of the LES

Pseudoachalasia (secondary achalasia) - An achalasia-pattern dilation of the esophagus due to the narrowing of the distal esophagus from causes other than primary denervation (e.g., esophageal malignancy, central and peripheral neuropathy, esophageal stricture, scleroderma). The clinical course of pseudoachalasia depends on the underlying cause; if secondary to a neoplasm, the course is usually short (<6 months), unlike the chronic clinical history in individuals with primary achalasia. Patients also tend to be older (>50 years) than those with primary achalasia.

DECISION GUIDELINES:

Clinical Coverage Criteria:

POEM may be considered reasonable and medically necessary for adults (age 21 years and older) with symptomatic achalasia when ALL of the following criteria are met:

1. The member has a confirmed diagnosis of Type III achalasia - careful evaluation of gastroesophageal junction, gastric fundus, and gastric cardia should be performed to exclude malignancy that can cause pseudoachalasia; and
2. The member has failed previous treatment for achalasia, as evidenced by recurrent and documented persistent symptoms, an ESS ≥3, and dated documentation of ONE of the following treatments for esophageal achalasia:
    I. Botulinum toxin injection
    II. Treatment with pneumatic balloon dilation
    III. Laparoscopic Heller myotomy

LIMITATIONS/EXCLUSIONS:

Contraindications — Patients with any of the following conditions should not undergo POEM:

- Esophageal malignancy
- Severe erosive esophagitis
- Significant coagulation disorders
- Liver cirrhosis with portal hypertension
- Prior therapy that may compromise the integrity of the esophageal mucosa or lead to submucosal fibrosis (e.g., radiation, endoscopic mucosal resection, or radiofrequency ablation)

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

Peroral Endoscopic Myotomy (POEM)
Medical Necessity Guideline

CPT/HCPCS CODE	CODE DESCRIPTION
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

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REVISION LOG:

REVISION DATE	DESCRIPTION
1/22/2025	Template update
1/21/2024	UMC Approval
1/13/2024	MPC Approval by email vote – to remove MAPD products from product grid
12/17/2024	UMC Approval
11/22/2024	Added MAPD applicability to product grid
10/10/2024	NEW MNG

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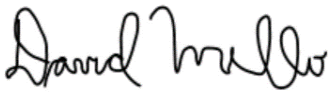
Medical Necessity Guideline

APPROVALS:

David Mello, MD	Senior Medical Director, Utilization Review and Medical Policy
CCA Senior Clinical Lead [Print]	**Title [Print]**
	1/13/2025
Signature	**Date**
Nazlim Hagmann, MD	Chief Medical Officer
CCA CMO or Designee [Print]	**Title [Print]**
	1/13/2025
Signature	**Date**