I. POLICY/Criteria

POEM procedure for esophageal achalasia may be a covered benefit when all of the following are met:

1. Both of the following are diagnostic for esophageal achalasia:
   a. Barium esophagram with fluoroscopy, AND
   b. Esophageal manometry with at least 2 of the following:
      i. Aperistalsis
      ii. High lower esophageal sphincter (LES) pressure: 130-150 mmHG
      iii. Non-relaxing LES

2. One of the following:
   a. Primary achalasia, OR
   b. Failure of previous treatment of achalasia (e.g. Heller myotomy, botox, dilation)

3. None of the following:
   a. severe pulmonary disease
   b. esophageal irradiation
   c. esophageal malignancy
   d. bleeding disorders, including coagulopathy
   e. recent esophageal surgery or endoscopic intervention, including endoscopic mucosal resection and endoscopic submucosal dissection
   f. inability to tolerate general anesthesia

II. MEDICAL NECESSITY REVIEW

☐ Required ☒ Not Required ☐ Not Applicable
III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--.00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--.00.html), the Michigan Medicaid Provider Manual will govern.

IV. BACKGROUND

Esophageal achalasia (EA) is an uncommon motility disorder of unknown etiology that is characterized by increased lower esophageal sphincter (LES) pressures and esophageal aperistalsis. The most common presenting symptoms include dysphagia (82% to 100%), regurgitation (56% to 97%), weight loss (30% to 91%), chest pain (17% to 95%), and heartburn (27% to 42%). When achalasia is suspected, a barium esophagram with fluoroscopy and esophageal manometry are used to detect loss of peristalsis in the lower esophagus. Achalasia develops in approximately 2000 adults annually in the United States. The condition is less common in children, with an incidence of 0.11 cases per 100,000 children (Vaezi and Richter, 1998; Eckardtand Eckardt, 2009; Moawad and Wong, 2010; Roll et al., 2010).

Peroral endoscopic myotomy (POEM) is a less invasive alternative to laparoscopic Heller myotomy (LHM) for treatment of EA. POEM is a natural orifice transmural endoscopic surgery (NOTES) technique. It is done by guiding an endoscope through the esophagus, making an incision in the mucosa, creating a submucosal tunnel for access to the lower esophagus and gastroesophageal junction, and cutting the muscle fibers in the lower esophagus and proximal
stomach. Internal incisions are closed with clips after myotomy is complete. POEM is performed in a sterile environment under general anesthesia.

POEM is performed in a sterile environment under general anesthesia. Broadly speaking, the POEM procedure can be divided into 4 distinct and consecutive parts: (1) mucosal incision and entry into the submucosa; (2) creation of the submucosal tunnel; (3) myotomy; and (4) closure of the mucosal incision. It should be noted that individual POEM operators may vary in their technique; however, most operative techniques will closely follow that of Inoue and colleagues (Inoue et al., 2010).

Rationale for developing the POEM procedure includes the ability to combine the minimal invasiveness of endoscopic procedures such as pneumatic dilation with the therapeutic goal of a surgical myotomy. Natural orifice surgery, such as POEM, aims to reduce procedure-related pain and return patients to regular activities sooner than surgeries requiring external incisions. Peroral endoscopic myotomy (POEM) is a less invasive alternative to laparoscopic Heller myotomy for treatment of esophageal achalasia. POEM is a natural orifice transmural endoscopic surgery (NOTES) technique. The technique involves guiding an endoscope through the esophagus, making an incision in the mucosa, creating a submucosal tunnel for access to the lower esophagus and gastroesophageal junction, and cutting the muscle fibers in the lower esophagus and proximal stomach. Internal incisions are closed with clips after myotomy is complete.

V. CODING INFORMATION

ICD-10 Diagnosis that may apply:
K22.0  Achalasia of cardia

CPT/HCPCS codes:
74246  Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB

91010  Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;

91013  Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)

43499  Unlisted procedure, esophagus  (Explanatory notes must accompany claim)
VI. REFERENCES


