





SERVICE: Peroral Endoscopic

Myotomy (POEM) for Esophageal Achalasia

Policy Number: 228

Effective Date: 08/01/2025

Last Review: 06/09/2025

Next Review: 06/09/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). Although a non-Texas specific LCD exists, please use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the <u>Texas Medicaid Provider Procedures</u> <u>Manual | TMHP</u> (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia medically necessary when the following criteria are met:

- 1. Member is age 18 years or older
- 2. Member has achalasia type I, II, or III diagnosed using esophageal manometry
- 3. Member has Eckardt symptom score of at least 3

Contraindications include:

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

Note that previous therapies for achalasia, such as pneumatic balloon dilation, botulinum toxin injection, or surgical myotomy, are not contraindications to POEM

Peroral endoscopic myotomy (POEM) for ANY other indication is considered experimental, investigational and unproven.





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BACKGROUND:

RIGHT**CARE**

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 Gastroenterological Association (AGA) states: POEM, laparoscopic Heller myotomy, and pneumatic dilation are effective therapies for type I and type II achalasia; the decision between these treatment modalities should be based on shared decision making, taking into account patient and disease characteristics, patient preferences, and local expertise. POEM should be considered the preferred treatment for type III achalasia.

The current version of UpToDate review on "Overview of the Treatment of Achalasia" (Spechler, 2025) states that "Favorable outcomes for POEM have been reported in patients with achalasia conditions that often do not respond well to conventional therapies, such as "end stage" achalasia (markedly dilated, sigmoid esophagus), and in patients who have failed prior endoscopic and surgical achalasia treatments" and "The role of POEM in the treatment of achalasia continues to evolve, although there is a consensus that POEM is the procedure of choice for the treatment of type III achalasia. It has been suggested that patients undergoing POEM should be counseled regarding the increased risk of post-procedure reflux compared with other treatments."

MANDATES: None

CODES:

Important note:

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.

CPT Codes:	43497 - Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	
CPT Not Covered:		
ICD10 codes:		
ICD10 Not covered:	K22.0 Achalasia of cardia	







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POLICY HISTORY:

Status	Date	Action
New	01/31/2017	New policy
Reviewed	01/23/2018	No changes
Reviewed	01/15/2019	No changes
Reviewed	01/23/2020	No changes
Reviewed	01/28/2021	No changes
Updated	01/27/2022	Change status to POEM - may now be medically necessary
Reviewed	01/26/2023	No changes
Reviewed	01/02/2024	No change criteria. Clarified to use this policy for all LOBs, except Medicaid if TMPPM has guidance. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	06/09/2025	Updated criteria to include achalasia types I and II as well as Eckardt; include contraindications; update background section; added additional references #34, 35, and 36
Updated	08/11/2025	Removed "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP 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 BSWHP 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 and management of dysphagia. Gastrointest Endosc. 2014;79(2):191-201.
- 2. Barbieri LA, Hassan C, Rosati R, Romario UF, Correale L, Repici A. Systematic review and meta-analysis: efficacy and safety of POEM for achalasia. United European Gastroenterol J. 2015;3(4):325-334.
- 3. Bhayani NH, Kurian AA, Dunst CM, Sharata AM, Rieder E, Swanstrom LL. A comparative study on comprehensive, objective outcomes of laparoscopic Heller myotomy with per-oral endoscopic myotomy (POEM) for achalasia. Ann Surg. 2014;259(6):1098-1103.
- 4. Chen X, Li QP, Ji GZ, et al. Two-year follow-up for 45 patients with achalasia who underwent peroral endoscopic myotomy. Eur J Cardiothorac Surg. 2015;47(5):890-896.











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- 10. Hungness ES, Teitelbaum EN, Santos BF, et al. Comparison of perioperative outcomes between peroral esophageal myotomy (POEM) and laparoscopic Heller myotomy. J Gastrointest Surg. 2013;17(2):228-235.
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- 12. Inoue H, Sato H, Ikeda H, et al. Per-oral endoscopic myotomy: a series of 500 patients. J Am Coll Surg. 2015;221(2):256-
- 13. Jones R. Junghard O. Dent J. et al. Development of the GerdQ, a tool for the diagnosis and management of gastrooesophageal reflux disease in primary care. Aliment Pharmacol Ther. 2009;30(10):1030-1038.
- 14. Jones EL, Meara MP, Schwartz JS, Hazey JW, Perry KA. Gastroesophageal reflux symptoms do not correlate with objective pH testing after peroral endoscopic myotomy. Surg Endosc. 2015. Epub ahead of print. June 27, 2015. Available at: http://link.springer.com/article/10.1007%2Fs00464-015-4321-8. Accessed December 22, 2015.
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- 35. UptoDate, "Peroral endoscopic myotomy (POEM)", Khashab, Mouen Literature review current through: Apr 2025
- 36. Clinical Practice Update Volume 167, Issue 7p1483-1490 December 2024 "AGA Clinical Practice Update on Advances in Per-Oral Endoscopic Myotomy (POEM) and Remaining Questions —What We Have Learned in the Past Decade: Expert Review" Dennis Yang, Robert Bechara, Christy M. Dunst, & Vani J.A. Konda4

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.