Introduction

Esophageal achalasia is a rare problem with the esophagus (the swallowing tube). It affects the ability to pass food through the esophagus and into the stomach. The muscles of the esophagus don’t move food down, and the ring of muscles at the end of the esophagus don’t relax to easily allow food into the stomach. This makes swallowing very difficult. A new surgery, POEM (peroral endoscopic myotomy), is being tried. A viewing scope with a special cutting blade is passed through the mouth and into the esophagus. Part of the muscle layer of the lower part of the esophagus, the sphincter, and the upper part of the stomach is removed. POEM is investigational. More and larger studies are needed to compare POEM with standard surgery to treat esophageal achalasia.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
Policy Coverage Criteria

Service | Investigational
--- | ---
**Peroral endoscopic myotomy** | **Peroral endoscopic myotomy (POEM) is considered investigational as a treatment for pediatric and adult esophageal achalasia.**

**Note:** This policy addresses POEM. A similar acronym, POEMS syndrome, describes a different condition and is addressed in a separate medical policy. Please see Related Policies.

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>43499</td>
<td>Unlisted procedure, esophagus</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

N/A

Evidence Review

**Description**

Esophageal achalasia is characterized by reduced numbers of neurons in the esophageal myenteric plexuses and reduced peristaltic activity, making it difficult for patients to swallow
food and possibly leading to complications such as regurgitation, coughing, choking, aspiration pneumonia, esophagitis, ulceration, and weight loss. Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure that uses the oral cavity as a natural orifice entry point to perform myotomy of the lower esophageal sphincter. This procedure is intended to reduce the total number of incisions needed and thus the overall invasiveness of surgery.

Background

Esophageal Achalasia

The estimated U.S. prevalence of achalasia is 10 cases per 100,000, and the estimated incidence is 0.6 cases per 100,000 per year.\(^1\)

Treatment

Treatment options for achalasia have included pharmacotherapy (eg, injections with botulinum toxin), pneumatic dilation, and laparoscopic Heller myotomy.\(^{1,2}\) Although the latter two are considered the standard treatments because of higher success rates and relatively long-term efficacy compared with pharmacotherapy, both are associated with a perforation risk of about 1%. Heller myotomy is the most invasive of the procedures, requiring laparoscopy and surgical dissection of the esophagogastric junction.\(^2\) One-year response rates of 86% and major mucosal tear rates requiring the subsequent intervention of 0.6% have been reported.\(^3\)

Peroral endoscopic myotomy (POEM) is a novel endoscopic procedure developed in Japan.\(^{2,4}\) POEM is performed with the patient under general anesthesia.\(^5\) After tunneling an endoscope down the esophagus toward the esophageal-gastric junction, a surgeon performs the myotomy by cutting only the inner, circular lower esophageal sphincter muscles through a submucosal tunnel created in the proximal esophageal mucosa. POEM differs from laparoscopic surgery, which involves complete division of both circular and longitudinal lower esophageal sphincter muscle layers. Cutting the dysfunctional muscle fibers that prevent the lower esophageal sphincter from opening allows food to enter the stomach more easily.\(^{2,5}\)

**NOTE:** The acronym POEM in this policy refers to peroral endoscopic myotomy. POEMS syndrome, which uses a similar acronym, is discussed in a separate medical policy (see [Related Policies](#)).
Summary of Evidence

For adults who have achalasia who receive POEM, the evidence includes systematic reviews of observational studies, two randomized controlled trials (RCTs), nonrandomized comparative studies, and case series. Relevant outcomes are symptoms, functional outcomes, health status measures, resource utilization, and treatment-related morbidity. Compared with pneumatic dilation or laparoscopic Heller myotomy (LHM), findings from RCTs demonstrated that POEM had a similar or greater treatment success rate based on the Eckardt score and similar or fewer overall adverse event rates. However, POEM had significantly higher rates of endoscopically confirmed reflux esophagitis and more daily proton-pump inhibitor use at 24 months. An important conduct limitation of the RCTs is that blinded assessment of outcomes was not used. Given that the primary outcome was based on subjective patient report of symptoms, this is a potential source of bias. Additionally, a potential relevance limitation is that the RCTs did not include any US sites. The comparative observational studies have primarily reported similar outcomes for POEM and for Heller myotomy in symptom relief, as assessed by the Eckardt score. Some studies have shown a shorter length of stay and less postoperative pain with POEM. However, potential imbalances in patient characteristics in these nonrandomized studies might have biased the treatment comparisons. In the case series, treatment success at short follow-up periods was reported for a high proportion of patients treated with POEM. However, the incidence of adverse events was relatively high, with POEM-specific complications, including subcutaneous emphysema, pneumothorax, and thoracic effusion, reported across studies. Additionally, a substantial proportion of patients undergoing POEM developed gastroesophageal reflux disease and esophagitis and required treatment. Case series do not permit conclusions about the efficacy of POEM relative to established treatment, and long-term outcomes of the procedure are not well described in the literature. The evidence is insufficient to determine the effects of the technology on health outcomes.

For pediatric patients who have achalasia who receive POEM, the evidence includes several nonrandomized studies and a systematic review. The relevant outcomes are symptoms, functional outcomes, health status measures, resource utilization, and treatment-related morbidity. The studies reported treatment success for POEM based on decreases in Eckardt scores and lower esophageal sphincter (LES) pressure. No randomized clinical trials have been reported. The evidence is insufficient to determine the effects of the technology on health outcomes.
Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT01832779</td>
<td>Prospective Evaluation of the Clinical Utility of Peroral Endoscopic Myotomy (POEM)</td>
<td>600</td>
<td>Dec 2022</td>
</tr>
<tr>
<td>NCT01793922</td>
<td>A Prospective Randomized Multi-center Study Comparing Endoscopic Pneumodilation and Per Oral Endoscopic Myotomy (POEM) as Treatment of Idiopathic Achalasia</td>
<td>150</td>
<td>Jan 2023</td>
</tr>
<tr>
<td><strong>Unpublished</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02138643</td>
<td>Laparoscopy Heller Myotomy With Fundoplication Associated Versus Peroral Endoscopic Myotomy (POEM)</td>
<td>30</td>
<td>Dec 2017</td>
</tr>
<tr>
<td>NCT03228758</td>
<td>Efficacy of Anterior Versus Posterior Myotomy Approach in Peroral Endoscopic Myotomy (POEM) for the Treatment of Achalasia – a Single Operator Analysis</td>
<td>89</td>
<td>May 2019 (last update posted May 2020)</td>
</tr>
</tbody>
</table>

NCT: national clinical trial

Practice Guidelines and Position Statements

American College of Gastroenterology

In 2020, the American College of Gastroenterology (ACG) issued evidence-based clinical guidelines on the diagnosis and management of achalasia. The quality of the evidence and the strength of recommendations were rated based on the GRADE framework. The evidence review includes the two RCTs of POEM compared to LHM or pneumatic dilation (PD). Based on their evaluation, the ACG made the following recommendations:

- "In patients with achalasia who are candidates for definite therapy, PD, LHM, and POEM are comparable effective therapies for type I or type II achalasia and POEM would be a better treatment option in those with type III achalasia."
"We suggest that POEM or PD result in comparable symptomatic improvement in patients with types I or II achalasia." (GRADE quality=Low, Recommendation strength=Conditional)

"We recommend that POEM and LHM result in comparable symptomatic improvement in patients with achalasia." (GRADE quality=Moderate; Recommendation strength=Strong)

"We recommend that tailored POEM or LHM for type III achalasia as a more efficacious alternative disruptive therapy at the lower esophageal sphincter compared to PD." (GRADE quality=Moderate; Recommendation strength=Strong)

"We suggest that in patients with achalasia, POEM compared with LHM with fundoplication or PD is associated with a higher incidence of gastroesophageal reflux disease (GERD)." (GRADE quality=Moderate; Recommendation strength=Strong)

"We suggest that POEM is a safe option in patients with achalasia who have previously undergone PD or LHM." (GRADE quality=Low; Recommendation strength=Strong)

American Gastroenterological Association Institute

In 2017, the American Gastroenterological Association Institute published a clinical practice update on the use of peroral endoscopic myotomy (POEM) for the treatment of achalasia.55 Based on the expert review, the Institute made the following recommendations:

- POEM should be performed by experienced physicians in high-volume centers (competence achieved after estimated 20 to 40 procedures).

- If expertise is available, POEM should be considered primary therapy for type III achalasia.

- If expertise is available, POEM should be considered comparable to Heller myotomy for any achalasia syndromes.

- Patients receiving POEM should be considered high risk to develop reflux esophagitis and be advised of management considerations (eg, proton pump inhibitor therapy and/or surveillance endoscopy) prior to undergoing POEM.
American Society of American Gastrointestinal and Endoscopic Surgeons

In 2014, the American Society of Gastrointestinal and Endoscopic Surgeons (ASGE) issued evidence-based, consensus guidelines on the use of endoscopy in the evaluation and management of dysphagia, including esophageal achalasia. The Society recommended that:

... Endoscopic and surgical treatment options for achalasia should be discussed with the patient. In patients who opt for endoscopic management and are good surgical candidates, pneumatic dilation with large-caliber balloon dilators for the endoscopic treatment of achalasia was recommended... Long-term data and randomized trials comparing peroral endoscopic myotomy to conventional modalities of management are necessary before it can be adopted into clinical practice, but the procedure is becoming more widely used in expert centers.

In 2020, ASGE issued an evidence-based guideline on the management of achalasia. The methodologic quality of systematic reviews was assessed using the Methodological Quality of Systematic Reviews-2 (AMSTAR-2) tool and the certainty of the body of evidence was rated as very low to high based on the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework. ASGE rated the strength of individual recommendation based on the aggregate evidence quality and an assessment of the anticipated benefits and harms. ASGE used the phrase "we suggest" to indicate weaker recommendations and "we recommend" to indicate stronger recommendations. This guideline did not include either of the two available RCTs of POEM. Based on their evaluation, ASGE issued the following recommendations:

- "We suggest POEM as the preferred treatment for management of patients with type III achalasia." (Very low quality evidence)
- "In patients with failed initial myotomy (POEM or laparoscopic Heller myotomy), we suggest pneumatic dilation or redo myotomy using either the same or an alternative myotomy technique (POEM or laparoscopic Heller myotomy)." (Very low quality evidence)
- "We suggest that patients undergoing POEM are counseled regarding the increased risk of postprocedure reflux compared with pneumatic dilation and laparoscopic Heller myotomy. Based on patient preferences and physician expertise, postprocedure management options include objective testing for esophageal acid exposure, long-term acid suppressive therapy, and surveillance upper endoscopy." (Low quality evidence)
- We suggest that POEM and laparoscopic Heller myotomy are comparable treatment options for management of patients with achalasia types I and II, and the treatment option should
be based on shared decision-making between the patient and provider.” (Low quality evidence)

These 2020 ASGE guidelines were endorsed by the American Neurogastroenterology and Motility Society and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

**International Society for Diseases of the Esophagus**

In 2018, the International Society for Diseases of the Esophagus published guidelines on the diagnosis and management of achalasia. The Society convened 51 experts from 11 countries, including several from the United States, to systematically review evidence, assess recommendations using the GRADE system, and vote to integrate the recommendations into the guidelines (>80% approval required for inclusion). Table 2 summarizes POEM recommendations.

**Table 2. Recommendations for the Treatment of Achalasia**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>LOR</th>
<th>GOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>POEM is an effective therapy for achalasia both in short-term and medium-term follow-up with results comparable to Heller myotomy.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>POEM is an effective therapy for achalasia both in short-term and medium-term follow-up with results comparable to pneumatic dilations.</td>
<td>Conditional</td>
<td>Low</td>
</tr>
<tr>
<td>Pretreatment information on GERD, nonsurgical options (pneumatic dilation), and surgical options with lower GERD risk (Heller myotomy) should be provided to patient.</td>
<td>Good practice</td>
<td>NA</td>
</tr>
<tr>
<td>POEM is feasible and effective for symptom relief in patients previously treated with endoscopic therapies.</td>
<td>Conditional</td>
<td>Very low</td>
</tr>
<tr>
<td>POEM may be considered an option for treating recurrent symptoms after laparoscopic Heller myotomy.</td>
<td>Conditional</td>
<td>Low</td>
</tr>
<tr>
<td>Appropriate training (in vivo/in vitro animal model) and proctorship should be considered prior to a clinical program of POEM.</td>
<td>Good practice</td>
<td>NA</td>
</tr>
</tbody>
</table>

GERD: gastroesophageal reflux disease; GOR: grade of recommendation; LOR: level of recommendation; NA: not applicable; POEM: peroral endoscopic myotomy
Society of American Gastrointestinal and Endoscopic Surgeons

In 2012, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) issued evidence-based, consensus guidelines on the surgical management of esophageal achalasia. The guidelines stated that the POEM technique “is in its infancy and further experience is needed before providing recommendations.”

In 2020, SAGES endorsed the guideline on the management of achalasia issued by ASGE (2020) as described above.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

POEM uses available laparoscopic instrumentation and, as a surgical procedure, is not subject to regulation by the U.S. Food and Drug Administration.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/13</td>
<td>New Policy. Policy created with literature search through August 1, 2013; considered investigational.</td>
</tr>
<tr>
<td>11/20/14</td>
<td>Annual Review. Policy updated with literature review through August 18, 2014; references 3, 6-7, 9-12, and 18 added; no change to policy statement. ICD-9 and ICD-10 diagnosis codes removed; these do not relate to adjudication of this policy.</td>
</tr>
<tr>
<td>12/01/16</td>
<td>Annual Review, approved November 8, 2016. Policy reviewed with literature search through September 2016; No change to policy statement</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Policy updated with literature review through October 10, 2016; references 6-8, 10-11, and 15-16 added. Policy statement unchanged.</td>
</tr>
<tr>
<td>11/10/17</td>
<td>Policy moved to new format, no changes to policy statement.</td>
</tr>
<tr>
<td>02/01/20</td>
<td>Annual Review, approved January 9, 2020. Policy updated with literature review through September 2019; references added. Policy statement clarified; for pediatric and adult esophageal achalasia; intent unchanged.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2021 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD)


Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic:
لا يمكن للعشوائيات فإنها تشكل حُدودًا للجودة، كما يمكن أن تكون مفيدة لجميع الأشخاص. تتم العمل على تقديم معلومات وخدمات متنوعة لجميع الأشخاص، بما في ذلك الأشخاص الذين يتلقون مساعدة مالية. يتوفر مساعد في تعلم اللغة العربية على 800-722-1471 (TTY: 800-842-5357).

Chinese:
上述通知包含重要資訊。如果您希望通過Premea Blue Cross提交申請或獲取相關資訊，您有權要求提供下列服務：
- 簡化語言服務
- 以母語書寫的資訊

Oromo (Cushite):

French (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

Hmoob (Hmong):

Ilokano (Ilocano):
Dayttoy a Pakdaara ket naglaon iti Napateg nga Impormasion. Dayttoy a pakdaara mabalina nga adda ket naglaon iti napateg nga impormasion maipanggep i aplikasyowo nga controger babaen iti Premera Blue Cross. Dayttoy ket mabalina dagiti importante a pelta iti dayttoy a pakdaara. Mabalina nga adda rumbeg nga aramideng nga adda sambay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbengayo a mangala iti dayttoy nga impormasion ken tungol iti bukoddy a pagasasso nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Japanese (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている情報を確実に理解することをおすすめいたします。健康保険や手当を維持するためには、定期的に自己を確認することを忘れずに。これにより、必要な情報を確保し、健康保険の使用を適切に計画できます。

한국어 (Korean): 본 통지에는 중요한 정보가 들어 있습니다. 즉, 이 통지는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통해 커버지에 관한 정보를 포함하고 있습니다. 본 통지에는 백신이 되는 브리핑이 있을 수 있습니다. 귀하의 신청을 거절하는 경우에도 귀하에게 제공되는 정보가 귀하에게 유의미할 수 있습니다. 귀하의 신청을 거절하는 이유는 귀하의 안으로 비용 부담없이 없을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화해 주십시오.


Русский (Russian): Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).


 norsk (Norwegian): Dette er en viktig meddelelse. Dette er et viktig erklæring av informasjon og hjelp til din kreft. Dette er en viktig meddelelse for å sikre at du får den beste hjelpen. Dette er en viktig meddelelse for å sikre at du får den beste hjelpen.