

RMHP Peroral Endoscopic Myotomy (POEM) 43497

AUTH: RMHP-AC-5092 (AC)

[Link to Codes](#)

- [Description](#)
- [Clinical Indications](#)
- [Evidence Summary](#)
- [Policy History](#)
- [References](#)
- [Codes](#)

Description

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

Achalasia is a disorder of the esophagus that makes it difficult for food and liquid to pass into the stomach. Achalasia results from the degeneration of ganglion cells in the myenteric plexus in the wall of the esophagus. This degeneration leads to failure of relaxation of the lower esophageal sphincter (LES) together with loss of peristalsis in the distal esophagus. The most common symptoms in patients with achalasia are dysphagia for solids and liquids as well as regurgitation of undigested foods or saliva. Additional symptoms include chest pain, heartburn, and difficulty belching. Complications of achalasia may include progressive dilation of the esophagus (megaesophagus) possibly leading to esophagectomy. Patients with achalasia are also at increased risk of developing esophageal cancer. Achalasia can be treated with pneumatic dilatation (PD), botulinum toxin injection, and surgical myotomy. Laparoscopic Heller Myotomy (LHM) is the most common surgical myotomy procedure for treatment of achalasia.

Peroral Endoscopic Myotomy (POEM) is the endoscopic complement of surgical myotomy and is a newer, less invasive procedure for the management of achalasia. POEM is an endoscopic procedure, which creates a tunnel 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.¹ The POEM procedure is performed in 4 steps: 1) mucosal incision/entry into the submucosa, 2) creation of a submucosal tunnel, 3) myotomy, and 4) closure of the mucosal incision.

POEM is a form of natural orifice transluminal endoscopic surgery (NOTES). The procedure is performed perorally, without any incisions in the chest or abdomen. The advantage of this approach is to reduce procedure-related pain and return patients to regular activities sooner than surgeries requiring external incisions.

POEM may be considered medically necessary for treatment of symptomatic, monometrically proven primary idiopathic achalasia, types I, II, or III. Prior to performing a POEM procedure, it is crucial to confirm that patients have the correct diagnosis of achalasia with documentation included in the clinician's preoperative evaluation.

Clinical Indications

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

- For **All RMHP plans**, POEM may be considered medically necessary for treatment of **diffuse esophageal spasm**.
- For **All RMHP plans**, POEM may be considered medically necessary for treatment of symptomatic, monometrically proven primary idiopathic **achalasia, types I, II, or III** with clinician's preoperative evaluation documenting **ALL** of the following
 - History and physical exam – including a standardized, validated symptom assessment form completed by all patients (i.e., Eckardt score ≥ 3);
 - High-resolution esophageal manometry (HRM) – achalasia is subclassified according to the Chicago Classification of esophageal motility disorders, which is based upon the result of a high-resolution esophageal manometry test;
 - Contrast esophagram– findings on contrast esophagram that are suggestive of achalasia include a narrowed esophagogastric junction (EGJ) with a "bird-beak" appearance and esophageal aperistalsis. Late or end-stage achalasia may give the appearance that the esophagus is significantly dilated, angulated, and tortuous, giving it a sigmoid shape
 - Esophagogastroduodenoscopy (EGD) – EGD sometimes reveals a dilated esophagus that contains residual material with normal appearing esophageal mucosa
 - Contraindications — if 1 of the following conditions is present, the patient should not undergo POEM. The Member/patient does **NOT** have **ALL** of the following
 - Severe erosive esophagitis
 - Significant coagulation disorders
 - Liver cirrhosis with portal hypertension
 - Severe pulmonary disease
 - Esophageal malignancy
 - Prior therapy that may compromise the integrity of the esophageal mucosa or lead to submucosal fibrosis, including 1 or more of the following
 - recent esophageal surgery
 - radiation
 - endoscopic mucosal resection
 - radiofrequency ablation

Previous therapies for achalasia, such as PD, botulinum toxin injection, or LHM, are not contraindications to POEM.

Prior to treatment with POEM, patients should be educated on the risk of gastroesophageal reflux disease (GERD). Also, follow-up acid suppression treatment should be considered after POEM. Patients should be counseled that treatments exist with a lower incidence of post-procedure GERD, such as LHM and PD.

POEM is considered a safe but complex procedure. POEM will be considered medically reasonable and necessary only if it is performed by adequately trained, experienced physicians in high-volume centers. These centers must have the available staff to address any potential adverse events from POEM immediately, including but not limited to gastrointestinal or cardio-thoracic complications.

Evidence Summary

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

Analysis of Evidence (Rationale for Determination)

The available evidence suggests that POEM is generally safe and may achieve at least similar results as PD and LHM for most efficacy and harms outcomes regarding treatment of achalasia. Evidence also suggests that a select group of patients with achalasia would benefit from POEM. Some of these patients are not appropriate surgical candidates or do not desire to undergo surgery if there is a less invasive option available for treatment. These patients could potentially benefit from a non-invasive procedure such as POEM.

The American Gastroenterological Association's (AGA, 2017) Clinical Practice Updates Committee proposed the following recommendations regarding POEM based on expert opinion and relevant publications⁵: 1) patient-specific parameters (Chicago Classification subtype, comorbidities, early vs. late disease, primary or secondary causes) should be reviewed along with published efficacy data when evaluating the need for achalasia treatment; 2) POEM should be performed by experienced physicians in high-volume centers because an estimated 20-40 procedures are needed to achieve competence; 3) POEM should be considered as primary therapy for type III achalasia when the expertise is available; 4) POEM should be considered as a treatment option comparable with LHM for any of the achalasia syndromes when expertise is available; and 5) post-POEM patients should be considered high risk to develop reflux esophagitis and educated pre-POEM on the management of this potential complication (potential indefinite PPI therapy and/or surveillance endoscopy).

The International Society for Diseases of the Esophagus (ISDE): achalasia guidelines (2018) proposed and endorsed the Esophageal Achalasia Guidelines (I-GOAL) from a systematic literature review.³⁵ 51 experts from 11 countries and 3 representatives from patient support associations participated in the drafting of the guidelines. Regarding the treatment of achalasia with POEM, the ISDE recommended POEM as an effective treatment both in short- and medium-term follow-up with results comparable to LHM and PD for symptom improvement. They also recommended that POEM is an effective and feasible treatment for achalasia patients who were previously treated with endoscopic therapies as well as those who experience recurrence of symptoms following LHM. Further recommendations included that pre-POEM patients are educated on the risk of GERD and follow-up acid suppression therapy considered; patients who desire a treatment with a lower incidence of post-procedure GERD, such as PD or LHM, should be counseled that these options are available; appropriate training with in vivo/in vitro animal models and adequate supervision should be considered prior to performing POEM independently.

Policy History

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

Created 2/1/2022 for new CPT code 43497 effective 1/1/2022 (procedure was previously reported with unlisted 43499). 2022 Annual review and approval by committees with no changes.

2023 Annual review with updated references and committee approval.

References

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

UnitedHealthcare® Commercial and Individual Exchange Medical Policy, Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia, Policy Number: 2023T0322FF Effective Date: April 1, 2023, reviewed 5/11/2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/minimally-invasive-procedures-gerd-achalasia.pdf> and internally at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC minimally-invasive-procedures-gerd-achalasia-IFP.

UnitedHealthcare® Community Plan Medical Policy, Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia, Policy Number: CS079.Q, Effective Date: March 1, 2023, reviewed 5/11/2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/minimally-invasive-procedures-gerd-achalasia-cs.pdf> and internally at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC minimally-invasive-procedures-gerd-achalasia-cs.

UnitedHealthcare® Medicare Advantage Coverage Summary, Gastroesophageal and Gastrointestinal (GI) Services and Procedures, Policy Number: MCS039.07, Approval Date: July 6, 2022, reviewed 5/11/2023 <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/gastroesophageal-gastrointestinal-gi-services-procedures.pdf> and internally at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC gastroesophageal-gastrointestinal-gi-services-procedures-MA.

Colorado Department of Health Care Policy and Financing (HCPF), Health First Colorado Fee Schedule, covered and priced, reviewed 5/11/2023.

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) Novitas Solutions, Medicare Physician's Fee Schedule, CPT 43497 Provider Pricing for Colorado, Status Indicator A, includes "carriers remain responsible for coverage decisions in the absence of a national Medicare policy." Reviewed 5/11/2023.

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) Palmetto (no Novitas LCD exists) Local Coverage Determination (LCD) Peroral Endoscopic Myotomy (POEM) L38747, effective date 2/27/2021, currently in effect. Reviewed 5/11/2023. POEM may be considered medically necessary for treatment of symptomatic, monometrically proven primary idiopathic achalasia, types I, II, or III.

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) Palmetto (no Novitas exists) Local Coverage Article, Billing and Coding: Peroral Endoscopic Myotomy (POEM) A58287, original effective date 2/28/2021, revision effective date updated 1/1/2022, currently in effect. Reviewed 5/11/2023.

MCG guidelines - no guideline exists for 43497 in current 25th edition, reviewed 5/11/2023.

Codes

[Return to top of RMHP Peroral Endoscopic Myotomy \(POEM\) 43497 - AC](#)

CPT® : 43497

CPT copyright 2022 American Medical Association. All rights reserved.

MCG Health

Ambulatory Care 27th Edition