MEDICAL POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Peroral Endoscopic Myotomy-GA MCD-MM-1306	06/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

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  - **Type III** – With spasms that result in sudden, abnormal squeezing of the esophagus and the LES, this type is the most severe and can also elicit the most severe symptoms (eg, severe chest pains that may mimic those of a heart attack and spasms severe enough to wake a person from sleep).
- **Eckardt Symptom Score** – The grading system most frequently used for the evaluation of symptoms, stages, and efficacy of achalasia treatment. It attributes points (0 to 3 points) for four symptoms of the disease (dysphagia, regurgitation, chest pain, and weight loss) with scores ranging from zero to twelve.
- **Gastroesophageal Reflux Disease (GERD)** – A chronic disorder that occurs when stomach bile or acid flows into the esophagus and irritates the lining.
- **Laparoscopic Heller Myotomy (LHM)** – A laparoscopic, minimally invasive, surgical procedure used to treat achalasia.
- **Pneumatic Balloon Dilation (PD)** – An endoscopic therapy for achalasia. An air-filled cylinder-shaped balloon disrupts the muscle fibers of the lower esophageal sphincter, which is too tight in patients with achalasia.

D. Policy

I. CareSource considers the POEM procedure to be medically necessary when **ALL** of the following clinical criteria are met:
   A. Member is 18 years of age or older.
   B. Member has a diagnosis of primary achalasia, types I, II, or III.
   C. POEM is being proposed after the member has tried and failed conventional therapy, including pneumatic dilation or is not a surgical candidate for Heller myotomy.
   D. Eckardt symptom score is greater than or equal to 3.
   E. There is documentation of previous upper endoscopy with barium esophagram.

severe pulmonary disease

II. POEM for any other indication is considered experimental, investigational, and unproven.

III. Contraindications
   The following is a list of contraindications for this procedure:
   A. severe erosive esophagitis
   B. significant coagulation disorders
   C. liver cirrhosis with portal hypertension
   D. severe pulmonary disease

The MEDICAL Policy Statement detailed above has received due consid0 G[d)]TJETQ0.00000912 0 612 792 reW*nBT/F1 9 TfJ[