



MEDICAL POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Peroral Endoscopic Myotomy-TrueCare-MM-1481	09/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject**Peroral Endoscopic Myotomy****B. Background**

Achalasia is a rare motility disorder that results from the degeneration of ganglion cells in the wall of the esophagus leading to failed relaxation of the lower esophageal sphincter and loss of esophageal peristalsis; the cause is unknown. As the sphincter becomes paralyzed and dilated over time, difficulty may occur passing food and liquid to the stomach. Symptoms include chest pain, heart burn, and difficulty belching. Potential complications are progressive dilation of the esophagus and increased risk of esophageal cancer. Although achalasia cannot be cured, symptoms may be controlled with treatment such as oral medications, dilation or stretching of the esophagus, open or laparoscopic surgery, endoscopic surgery, or injection of muscle-relaxing medicines (such as botulinum toxin) directly into the esophagus.

While laparoscopic Heller myotomy (LHM) is the most common surgical procedure for the treatment of achalasia, peroral endoscopic myotomy (POEM) is a newer, less invasive surgical alternative. The POEM procedure is performed through a submucosal tunnel layer of the esophagus and proximal stomach endoscopically without the need for incisions in the chest or abdomen. Since POEM does not require external incisions, this approach aims to reduce procedure-related pain and return patients to regular activities sooner than surgical modalities.

A review of clinical data suggests that the overall efficacy of POEM is similar to surgical myotomy and better than pneumatic dilation. However, patients who undergo POEM show an increased risk of gastroesophageal reflux disease (GERD) and erosive esophagitis which should be discussed.

C. Definitions

- **Achalasia** – A rare disorder making it difficult for food and liquid to pass from the esophagus to the stomach. In achalasia, nerve cells in the esophagus degenerate and as a result, the lower end of the esophagus, the lower esophageal sphincter (LES), fails to open to allow food into the stomach, leading to complications (eg, coughing, choking, aspiration pneumonia, ulceration, and weight loss). There are three different types of achalasia:
 - **Type I (Classic Achalasia)** – Characterized by minimal esophageal pressurization, this type is characterized by the incomplete relaxation of the LES, a lack of mobility in terms of contraction and relaxation, and a small amount of pressure built up in the esophagus.
 - **Type II (Pan-esophageal Pressurization)** – Indicated by esophageal compression, this type is more severe with more massive compression in the esophagus, often caused by failure to relax and build-up of pressure in the esophagus, typically from food.
 - **Type III (Spastic Achalasia)** – With spasms that result in sudden, abnormal squeezing of the esophagus and the LES, this type of achalasia 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 that can wake a person from sleep).

- **Eckardt Score** – Standardized, scored assessment used to evaluate symptoms, stages, and efficacy of achalasia treatment, attributing points (0 to 3 points) for four symptoms of the disease (dysphagia, regurgitation, chest pain, and weight loss), with scores ranging from 0 to 12.
- **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 minimally invasive, surgical procedure performed laparoscopically to treat achalasia. The procedure involves making cuts in the opening of the lower esophageal sphincter (LES) to allow food to pass more easily.
- **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. TrueCare considers the POEM procedure to be medically necessary when **ALL** the following clinical criteria are met:
 - A. Member has a diagnosis of primary achalasia, types I, II, or III.
 - B. 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.
 - C. Member has an Eckardt score of greater than or equal to 3.
 - D. Member has no history of previous open surgery of the stomach or esophagus.
- II. Request for members 18 years or younger will undergo individualized medical necessity review based on disease severity and available evidence.
- III. POEM for any other indication is considered experimental, investigational, and unproven.
- IV. The following conditions may represent contraindications and, if present, warrant individualized clinical assessment:
 - A. severe erosive esophagitis
 - B. significant coagulation disorders
 - C. liver cirrhosis with portal hypertension
 - D. severe pulmonary disease
 - E. esophageal malignancy
 - F. prior therapy that may compromise the integrity of the esophageal mucosa or lead to submucosal fibrosis, including recent esophageal surgery, radiation, endoscopic mucosal resection, or radiofrequency ablation
- V. Previous therapies for achalasia (eg, PD, botulinum toxin injection, or LHM) are not contraindications to POEM.

VI. Members receiving POEM should be made aware there is a high risk in developing GERD and should be advised as such prior to undergoing the procedure.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	03/26/2025	New market. Approved at Committee.
Date Revised	08/13/2025 06/17/2026	Annual review: updated references. Approved at Committee. Annual review; updated background, definitions, and references; revised Sec D. II. and D. IV. Approved at Committee.
Date Effective	09/01/2026	
Date Archived		

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DOM approved - DOM072026.02