



Peroral Endoscopic Procedures and Esophageal Manometry

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Achalasia is an esophageal motility disorder characterized by impaired lower esophageal sphincter relaxation and absent peristalsis, causing dysphagia, regurgitation, and chest pain.

Peroral Endoscopic Myotomy (POEM) is a minimally invasive endoscopic procedure that cuts esophageal muscle fibers to relieve obstruction.

Gastroparesis is delayed gastric emptying without obstruction, leading to nausea, vomiting, and bloating. Initial management of gastroparesis consists of dietary modification, optimization of glycemic control and hydration, and pharmacologic therapy with prokinetic and antiemetic medications.

Gastric Peroral Endoscopic Myotomy (G-POEM) treats severe, refractory gastroparesis by cutting pyloric muscle fibers to improve emptying.

High Resolution Esophageal pH Manometry measures pressure and acid exposure to assess motility and reflux disorders.

Criteria

Commercial

Prior authorization is required.

I. Peroral Endoscopic Myotomy (POEM)

PacificSource considers the Peroral Endoscopic Myotomy (POEM) procedure medically necessary when **ALL** the following criteria is met:

- A.** Diagnosis of esophageal achalasia type III (spastic) is established by **ONE** of the following:
 - 1. Twenty percent (20%) or more of swallows have premature spastic contractions as indicated by esophageal manometry
 - 2. Non-relaxing lower esophageal sphincter pressure (LES) indicated by both a barium esophagogram with fluoroscopy and esophageal manometry
- B.** Failure of a previous treatment for achalasia (e.g., Botox, pneumatic dilation)
- C.** None of the following contraindications are present:
 - 1. Severe erosive esophagitis
 - 2. Esophageal malignancy
 - 3. Recent esophageal surgery and endoscopic intervention
 - 4. Bleeding disorder, including coagulopathy
 - 5. Liver cirrhosis with portal hypertension

II. Gastric Peroral Endoscopic Myotomy (G-POEM)

PacificSource considers the Gastric Peroral Endoscopic Myotomy (G-POEM) procedure medically necessary when **ALL** the following criteria is met:

- A.** Diagnosis of gastroparesis has been confirmed by a gastric emptying study (GES), where abnormal GES was defined as gastric retention greater than 60% at 2 hours and/or 10% at 4 hours after meal ingestion
- B.** Symptom duration has been greater than 6 months
- C.** Member has failed conservative treatment of gastroparesis, including dietary modification and a trial of at least one prokinetic agent at maximum dosage (e.g., domperidone, metoclopramide, or erythromycin)

III. High Resolution Esophageal pH Manometry

PacificSource considers High Resolution Esophageal pH Manometry medically necessary when **ALL** the following criteria is met:

- A.** Member has dysphagia diagnosis
- B.** Member is being evaluated for anti-reflux surgery

Medicaid

PacificSource Community Solutions follows Guideline Note 223 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services and the general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 to determine coverage of Peroral Endoscopic Myotomy (POEM) for non-EPSTD beneficiaries.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 223, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the PacificSource Commercial clinical criteria above for determination of coverage and medical necessity of Peroral Endoscopic Procedures and Esophageal Manometry.

Experimental/Investigational/Unproven

PacificSource considers the POEM procedure experimental/investigational and/or unproven for any other indications.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E//U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

- 43497 Lower esophageal myotomy, transoral (e.g., peroral endoscopic myotomy [POEM])
- 43499 Unlisted procedure, esophagus
- 43999 Unlisted procedure, stomach
- 91299 Unlisted diagnostic gastroenterology procedure

Definitions

Achalasia - An esophageal motility disorder characterized by esophageal aperistalsis and lack of coordinated lower esophageal sphincter (LES) relaxation in response to swallowing.

Aperistalsis - Failure of the normal waves of contraction and relaxation that move contents through the digestive tract.

Esophageal manometry - This test measures the pressures and the pattern of muscle contractions in the esophagus and the lower esophageal sphincter.

Gastroparesis - Chronic motility disorder defined as a functional disorder with objective delayed gastric emptying in the absence of a mechanical obstruction

Pneumatic dilation - An endoscopic therapy for achalasia. An air-filled cylinder-shaped balloon disrupts the muscle fibers of the lower esophageal sphincter.

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Appendix

Policy Number:

Effective: 6/1/2020

Next review: 3/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003.

OPs Approval: 2/2026