Endoscopic Myotomy Procedures for Treatment of Esophageal Achalasia and Gastroparesis

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Policy

The Medical Management Department reviews referral requests for authorization of endoscopic procedures for treatment of achalasia and gastroparesis.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. POEM Procedure for Treatment of Esophageal Achalasia

A. Documentation Required:

In order to facilitate the authorization process, referral requests must include the following:

1. Documentation of patient history of dysphagia to solids and liquids;
2. Documentation of achalasia confirmed by esophageal manometry.

B. Criteria for Medical Necessity

Per-oral Endoscopic Myotomy (POEM) is considered medically necessary for patients 18 years of age and older who are otherwise considered candidates for this surgery if **ALL** of the following criteria are met:

1. Manometry proven symptomatic primary achalasia
2. Failure of previous treatment of achalasia (e.g., Botox injection, dilation, etc.)

C. Indications Considered Experimental, Investigational:

(This list is not all inclusive)

1. Treatment of other esophageal motility disorders.

II. POP Procedure for Treatment of Gastroparesis

A. Documentation Required:

In order to facilitate the authorization process, referral requests must include the following:

1. Documentation of gastroparesis diagnosis and no evidence of distal obstruction;
2. Documentation of previous treatment of gastroparesis, including dietary modification and prokinetic medication trial or intolerance/contraindication.

B. Criteria for Medical Necessity

Per-oral Pyloromyotomy (POP) is considered medically necessary for patients 18 years of age and older who meet the following criteria:

1. Diagnosis of gastroparesis made by gastric emptying scintigraphy, presence of retained food in the stomach on fasting EGD or smart pill (wireless motility capsule) study; **AND**
2. Are otherwise considered candidates for pyloroplasty; **AND**
3. Have failed a 3-month trial of dietary modification and prokinetic medication therapy or have a documented intolerance/contraindication to prokinetic medication therapy use.

C. Indications Considered Experimental, Investigational (This list is not all inclusive):

1. Treatment of motility disorder other than gastroparesis.

CPT/ HCPCS CODES:

43499	Unlisted procedure, esophagus
43999	Unlisted procedure, stomach

REFERENCES:

Canadian Agency for Drugs and Technology in Health. Per Oral Endoscopic myotomy for esophageal motility disorders: a review of the clinical, cost-effectiveness and guidelines. Project Number: RC0954-000. Publication date: January 15, 2018. Available at: https://www.cadth.ca/

Hayes, Inc. Comparative Effectiveness Review. Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia. Publication date December 3, 2019. Accessed August 11, 2020.

Khan MA, et al. Is POEM the answer for management of spastic esophageal disorders? A systematic review and meta-analysis. Dig Dis Sci. 2017;62(1):35-44.

Khashab MA, Familiari P, Draganov PV, et al. Peroral endoscopic myotomy is effective and safe in non-achalasia esophageal motility disorders: an international multicenter study. Endosc Int Open. 2018;6(8):e1031-1036.

Khashab MA, et al. ASGE guideline on the management of achalasia. Gastrointestinal Endoscopy. 2020;91(2):213-227.

Landreneau JP, et al. Laparoscopic pyloroplasty versus endoscopic per-oral pyloromyotomy for the treatment of gastroparesis. Surg Endosc. 2019;33(3):773-781.

Lomeli LD, Gaumnitz EA, Reichelderfer M. (2018) Top 10 Drugs Most Commonly Used for GI Motility Disorders. In: Bardan E., Shaker R. (eds) Gastrointestinal Motility Disorders. Springer, Cham.

Strong AT, et al. Per-oral pyloromyotomy (POP) for medically refractory post-surgical gastroparesis. J Gastrointest Surg. 2019;23(6):1095-1103.