02-45000-01

Original Effective Date: 02/26/09

Reviewed: 02/27/25

Revised: 03/15/25

Subject: Transanal Endoscopic Microsurgery

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Transanal endoscopic microsurgery (TEM) is a minimally invasive approach to local excision of rectal lesions. It has been used in benign conditions such as large rectal polyps (that cannot be removed through a colonoscope), retrorectal masses, rectal strictures, rectal fistulae, pelvic abscesses, and in malignant conditions (eg, malignant polyps). Use of TEM for resection of rectal cancers is more controversial. TEM can avoid the morbidity and mortality associated with major rectal surgery, including the fecal incontinence related to stretching of the anal sphincter, and can be performed under general or regional anesthesia. The TEM system has a specialized magnifying rectoscope with ports for insufflation, instrumentation, and irrigation.

Summary and Analysis of Evidence: The National Comprehensive Cancer Network (NCCN 2024) Clinical Practice Guideline in Oncology- Rectal Cancer states, “When the lesion can be adequately localized to the rectum, local excision of more proximal lesions may be technically feasible using advanced techniques, such as transanal endoscopic microsurgery (TEM) or transanal minimally invasive surgery (TAMIS)”. An UpToDate review on “Transanal endoscopic surgery” (Saur 2024) states that “For patients with a clinically staged T1N0 rectal cancer without high-risk features, TES is an acceptable treatment option that is associated with better functional outcomes compared with a transabdominal radical resection (eg, low anterior resection or abdominal perineal resection with TME).” A large number of case series and retrospective nonrandomized comparative reviews have been published as well as the outcomes of single-arm series that have shown low complication rates and low recurrence rates of lesions supporting use of TEM when lesions are not amenable to standard excision. TEM may be considered medically necessary for excision of rectal adenomas and early carcinomas that cannot be removed by standard approaches when specific criteria are met. These criteria are clinical stage T1 cancers that are located in the middle or upper part of the rectum, are well or moderately differentiated

(G1 or G2) by biopsy, are without lymphadenopathy, and involve less than one-third of the circumference of the rectum.

POSITION STATEMENT:

Transanal endoscopic microsurgery **meets the definition of medical necessity** for the treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision.

Transanal endoscopic microsurgery **meets the definition of medical necessity** for treatment of clinical stage T1 rectal adenocarcinomas that cannot be removed using other means of local excision and when **ALL** of the following criteria are met:

- The tumor is located in the middle or upper part of the rectum; **AND**
- Is well or moderately differentiated (G1 or G2) by biopsy; **AND**
- Is without lymphadenopathy; **AND**
- Is less than one-third the circumference of the rectum.

Transanal endoscopic microsurgery is considered **investigational or experimental** for the treatment of rectal tumors that do not meet the criteria noted above. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)

ICD-10 Diagnosis Codes That Support Medical Necessity:

C20	Malignant neoplasm of rectum
D12.8	Benign neoplasm of rectum

REIMBURSEMENT INFORMATION:

Refer to section entitled POSITION STATEMENT.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determinations (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if

based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. Al-Najami I, Rancinger CP, Larsen MK, et al. Transanal endoscopic microsurgery for advanced polyps and early cancers in the rectum-Long-term outcome: A STROBE compliant observational study. Medicine (Baltimore). Sep 2016;95(36):e4732.
2. Blue Cross Blue Shield Association (BCBSA) Evidence Positioning System®; 7.01.112 Transanal Endoscopic Microsurgery, 12/24.
3. Chan T, Karimuddin AA, et al. Predictors of rectal adenoma recurrence following transanal endoscopic surgery: a retrospective cohort study. Surg Endosc. 2020 Aug;34(8):3398-3407. PMID: 31512037.
4. Darwood RJ, Wheeler JMD, Borley NR. Transanal endoscopic microsurgery is a safe and reliable technique even for complex rectal lesions. Brit J of Surg 95(7): 915-918. Published online 05/21/08.
5. Li W, Xiang XX, et al. Transanal endoscopic microsurgery versus radical resection for early-stage rectal cancer: a systematic review and meta- analysis. Int J Colorectal Dis. 2023 Feb 17;38(1):49.
6. Monson JR, Weiser MR, Buie WD, et al. Practice parameters for the management of rectal cancer (revised). Dis Colon Rectum. May 2013; 56(5):535-550; accessed at fascrs.org.
7. Motamedi MA, Mak NT, et al. Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy. Cochrane Database Syst Rev. 2023 Jun 13;6(6):CD002198. PMID: 37310167.
8. National Cancer Institute (NCI). Rectal Cancer Treatment (PDQ®)-Health Professional Version, updated September 6, 2024; accessed at cancer.gov.
9. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Rectal Cancer; accessed at nccn.org.
10. Patwardhan MB, Samsa GP, McCrory DC, Fisher DA, Mantyh CR, Morse MA, Prosnitz RG, Cline KE, Gray RN. Cancer Care Quality Measures: Diagnosis and Treatment of Colorectal Cancer. Evidence Report/Technology Assessment No. 138. (Prepared by the Duke Evidence-based Practice Center under Contract No. 290-02-0025.) AHRQ Publication No. 06-E002. Rockville, MD: Agency for Healthcare Research and Quality. May 2006.

11. Saur NM, Bleier J. Transanal endoscopic surgery (TES), 2024. In: UpToDate, Weiser M, Chen W (Eds), UpToDate, Waltham, MA; accessed at uptodate.com.
12. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Position Statement on Endolumenal Therapies for Gastrointestinal Diseases, (11/08).
13. Van Heinsbergen M, Leijtens JW, et al. Quality of Life and Bowel Dysfunction after Transanal Endoscopic Microsurgery for Rectal Cancer: One Third of Patients Experience Major Low Anterior Resection Syndrome. Dig Surg. 2020;37(1):39-46. PMID: 31185474.
14. Xiong X, Want C, et al. Can transanal endoscopic microsurgery effectively treat T1 or T2 rectal cancer?A systematic review and meta-analysis. Surg Oncol. 2021 Jun;37:101561. PMID: 33848762.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/27/25.

GUIDELINE UPDATE INFORMATION:

03/15/09	New Medical Coverage Guideline.
08/15/09	Scheduled review; no change in position statement; references updated.
02/15/10	Revision consisting of change in position statement; references updated.
01/01/11	Annual HCPCS coding update: revised code descriptor for 0184T.
03/15/12	Scheduled review; position statement unchanged, references updated.
05/15/14	Revision; Program Exceptions section updated.
03/15/18	Review; Position statements maintained; description, coding, and references updated.
02/15/19	Review; Position statements maintained; title and references updated.
02/15/20	Review; Position statements maintained and references updated.
02/15/22	Review: position statements maintained; references updated.
05/25/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.
03/15/24	Review: Position statements maintained; description and references updated.
03/15/25	Review: Position statements maintained and references updated.