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Reviewed: 01/27/22

Revised: 02/15/22

Subject: Transanal Endoscopic Microsurgery

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Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Update			

DESCRIPTION:

Transanal endoscopic microsurgery (TEMS) 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 TEMS for resection of rectal cancers is more controversial. TEMS 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 TEMS system has a specialized magnifying rectoscope with ports for insufflation, instrumentation, and irrigation. TEMS requires use of specialized equipment and several have been cleared for marketing by the U.S. Food and Drug Administration (FDA).

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)
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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.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

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2. Blue Cross Blue Shield Association (BCBSA) Evidence Positioning System[®]; 7.01.112 Transanal Endoscopic Microsurgery, 12/21.
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. ClinicalTrials.gov. Prophylactic Tamsulosin in Prevention of Post-operative Urinary Retention in Men After Transanal Endoscopic Microsurgery (TEMPOUR); accessed December 2021.
5. ClinicalTrials.gov. Quality of Life After Transanal Endoscopic Microsurgery (TEM) for Rectal Neoplasm; accessed December 2021.
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7. 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.
8. 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.
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12. Saur NM, Bleier J. Transanal endoscopic surgery (TES). In: *UpToDate*, Weiser M, Chen W (Eds), *UpToDate*, Waltham, MA; accessed at uptodate.com.
13. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Position Statement on Endolumenal Therapies for Gastrointestinal Diseases, (11/08).
14. 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.
15. 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 & Coverage Committee on 01/27/22.

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.

