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## 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.

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### 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 (i.e., TEM) , including muscularis propria (i.e., 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:**

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Noncovered Services (L33777) located at fcso.com.

**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. Medical Policy Reference Manual 7.01.112 Transanal Endoscopic Microsurgery, 11/18.
3. ClinicalTrials.gov, Early Rectal Cancer: Endoscopic Submucosal Dissection or Transanal Endoscopic Microsurgery? (MUCEM), sponsored by Assistance Publique Hopitaux De Marseille, accessed 12/14/18.
4. ClinicalTrials.gov, Randomized Controlled Trial of Endoscopic Submucosal Dissection Versus Transanal Endoscopic Microsurgery For Early Rectal Neoplasms And Large Rectal Adenomas: Comparison Of Treatment Efficacy And Safety, sponsored by State Scientific Centre of Coloproctology, accessed 12/14/18.
5. ClinicalTrials.gov, Transanal Endoscopic Microsurgery Versus Endoscopic Submucosal Dissection For Large Rectal Adenomas (TEMENDO), sponsored by European Association for Endoscopic Surgery, accessed 12/14/18.
6. 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.
7. First Coast Service Options Inc. (FCSO). Local Coverage Determination (LCD): Noncovered Services (L33777); accessed at fcso.com. 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.
8. National Cancer Institute (NCI). Rectal Cancer Treatment (PDQ)-Health Professional Version, updated November 30, 2018; accessed at cancer.gov.
9. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Rectal Cancer. Version 3.2018; 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. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Position Statement on Endolumenal Therapies for Gastrointestinal Diseases, (11/08).

### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/24/19.

### **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.
02/15/18	Review; Position statements maintained; title and references updated.