Medical Policy

Transanal Endoscopic Microsurgery

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 200
BCBSA Reference Number: 7.01.112
NCD/LCD: Local Coverage Determination (LCD): Category III CPT® Codes (L33392)

Related Policies
None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Transanal endoscopic microsurgery for treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision may be MEDICALLY NECESSARY.

Transanal endoscopic microsurgery for treatment of clinical stage T1 rectal adenocarcinomas that cannot be removed using other means of local excision and that meet all of the following criteria may be MEDICALLY NECESSARY:
- Located in the middle or upper part of the rectum, AND
- Well or moderately differentiated (G1 or G2) by biopsy, AND
- Without lymphadenopathy, AND
- Less than 1/3 the circumference of the rectum.

Transanal endoscopic microsurgery for treatment of rectal tumors that do not meet the above criteria is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Transanal endoscopic microsurgery (TEM) is considered medically necessary.

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

Local Coverage Determination (LCD): Category III CPT® Codes (L33392)
For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at https://www.cms.gov.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization is required if the procedure is performed inpatient.

Outpatient

- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Product</th>
<th>Prior Authorization Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td>Prior authorization is not required.</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria must be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT code:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0184T</td>
<td>Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., TEMS)</td>
</tr>
</tbody>
</table>

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if medical necessity criteria are met:

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis Codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C20</td>
<td>Malignant neoplasm of rectum</td>
</tr>
<tr>
<td>D01.2</td>
<td>Carcinoma in situ of rectum</td>
</tr>
<tr>
<td>D12.8</td>
<td>Benign neoplasm of rectum</td>
</tr>
</tbody>
</table>

Description

Transanal endoscopic microsurgery (TEMS) is a minimally invasive surgical approach for local excision of rectal tumors. It has been studied in the treatment of both benign and malignant tumors of the rectum.
TEMS 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 such as malignant polyps.

This procedure has not been used widely in the United States due to the limited indications and the need for specialized equipment. For example, most rectal polyps can be removed endoscopically and many rectal cancers need a wide excision and are thus not amenable to local resection.

An example of a transanal endoscopic microsurgery system is the Transanal Endoscopic Microsurgery Combination System and Instrument Set from Richard Wolf Medical Instruments Corp. All transanal endoscopic microsurgery systems are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.

**Summary**

Based on review of the published data and clinical input, there is sufficient evidence to conclude that transanal endoscopic microsurgery (TEMS) is a safe and effective (low recurrence rates) procedure for excision of rectal adenomas that cannot be removed by traditional local approaches such as endoscopic removal.

For stage T1 rectal cancer, the evidence supports the conclusions that TEMS is associated with less postoperative complications but a higher local recurrence rate and possibly a higher rate of metastatic disease. There is no demonstrated difference in long-term overall survival in the available studies. Based on this evidence and clinical input, use of TEMS may be considered medically necessary in selected, low-risk T1 rectal cancers. These clinical-stage T1 cancers are those that are located in the middle or upper part of the rectum, are well or moderately differentiated (G1 or G2) by biopsy, without lymphadenopathy, and involving less than one-third of the circumference of the rectum. While additional follow-up studies are being completed, it is important that patients with T1 rectal cancer be fully informed of the tradeoffs (risks and benefits) with this procedure.

The data on use of TEMS in other rectal cancers are much more limited. There are still important questions about selection of other cancers for local excision. In comparison to more extensive resection, TEMS may have reduced adverse effects of fecal and bladder incontinence, but the overall effect on health outcomes is uncertain. Thus, use of TEMS for rectal cancers that do not meet the criteria noted above, including T2 lesions, is considered investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2018</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>12/2016</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>7/1/2010</td>
<td>Medical Policy #200 created.</td>
</tr>
</tbody>
</table>
References


