

Corporate Medical Policy

Transanal Endoscopic Microsurgery (TEMS)

File Name: transanal_endoscopic_microsurgery_(tems)
Origination: 6/2008
Last CAP Review: 10/2010
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Description of Procedure or Service

Transanal endoscopic microsurgery (TEMS) is a minimally invasive surgical approach for local excision of rectal tumors. It has been used benign conditions such as large rectal polyps (that cannot be removed through a colonoscopy), retrorectal masses, rectal strictures, rectal fistulae, pelvic abscesses, and in malignant conditions such as malignant polyps. Use of TEMS for resection of rectal cancers is more controversial. TEMS can avoid morbidity and mortality associated with major rectal surgery including fecal incontinence related to stretching of the anal sphincter.

This procedure has been available for nearly 20 years in Europe but has not been used widely in the United States. Two reasons for this slow diffusion are the steep learning curve for the procedure and the limited indications. 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. The technique requires specialized equipment including an operating proctoscope, insufflations, and magnified stereoscopic views.

As noted, this procedure requires use of specialized equipment. The Transanal Endoscopic Microsurgery (TEM) Combination System and Instrument Set (Richard Wolf Medical Instruments Corp) received 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA) in 2001.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage for Transanal Endoscopic Microsurgery when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Transanal Endoscopic Microsurgery is covered

Transanal endoscopic microsurgery may be considered **medically necessary** for treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision.

Transanal Endoscopic Microsurgery (TEMS)

Transanal endoscopic microsurgery may be considered **medically necessary** 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:

- Located in the middle or upper part of the rectum,
- Well or moderately differentiated (G1 or G2) by biopsy,
- Without lymphadenopathy, and
- Less than 1/3 the circumference of the rectum

When Transanal Endoscopic Microsurgery is not covered

Transanal endoscopic microsurgery is considered **investigational** for treatment of rectal tumors that do not meet the criteria noted above.

Policy Guidelines

In 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. Similarly, based on review of the literature 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, there is no lymphadenopathy, and less than one-third of the circumference of the rectum is involved. Thus, these applications may be considered medically necessary.

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. Thus, use of TEMS for rectal cancers that do not meet the criteria noted above, including T2 lesions, is considered investigational because the impact on net health outcome is uncertain.

The National Comprehensive Cancer Network (NCCN) guideline on treatment of rectal cancer states that, when criteria for transanal resection are met, transanal endoscopic microsurgery can be used when the tumor can be adequately identified in the rectum. The guideline is based on level 2A evidence for T1 tumors and level 2B evidence for T2 tumors.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 0184T

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Manual [Electronic Version] - 7.01.112, 12/3/2007

Transanal Endoscopic Microsurgery (TEMS)

Specialty Matched Consultant Advisory Panel - 4/2008

National Comprehensive Cancer Network. Practice Guidelines in Oncology: Rectal Cancer (V.3.2009). Available online at http://www.nccn.org/professionals/physician_gls/PDF/rectal.pdf

BCBSA Medical Policy Manual [Electronic Version] - 7.01.112, 10/06/09

Policy Implementation/Update Information

- 6/16/08 New policy adopted from BCBSA. Specialty Matched Consultant Advisory Panel review 4/30/2008. Transanal endoscopic microsurgery is considered investigational for the treatment of rectal conditions including rectal cancers and rectal polyps. (btw)
- 6/22/10 Policy Number(s) removed (amw)
- 11/23/10 Description section revised. Policy statement changed from Investigational to Medically Necessary when criteria are met. Transanal endoscopic microsurgery may be considered **medically necessary** for treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision. Transanal endoscopic microsurgery may be considered **medically necessary** for treatment of clinical stage T1 rectal adenocarcinomas than cannot be removed using other means of local excision and that meet all of the following criteria: Located in the middle or upper part of the rectum, Well or moderately differentiated (G1 or G2) by biopsy, Without lymphadenopathy, and Less than 1/3 the circumference of the rectum. Transanal endoscopic microsurgery is considered **investigational** for treatment of rectal tumors that do not meet the criteria noted above. Policy Guidelines revised. References updated. Specialty Matched Consultant Advisory Panel review meeting 10/28/10. Policy accepted as written. (adn)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.