



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria

Transanal Endoscopic Resection of Rectal Carcinoma

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
KPWA Medical Policy	Due to the absence of a NCD, LCD, or other coverage guidance, KPWA has chosen to use their own Clinical Review Criteria, " Transanal Endoscopic Resection of Rectal Carcinoma ," for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

Transanal Endoscopic Microsurgery (TEM) will be considered medically necessary for **ONE** or more of the following indications:

1. Benign rectal tumors (adenomas)
2. Low-risk Tis and T1 rectal carcinoma
3. Small rectal carcinoids (less than 2 cm in diameter)
4. T2 cancer in someone medically unable to undergo a major operation

Kaiser Permanente Washington does not cover Transanal Endoscopic Microsurgery (TEM) for lesions that do not meet the criteria above.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Transanal endoscopic microsurgery (TEM) is a minimally invasive surgical technique that was developed to avoid the morbidity of radical surgery for adenomas and early-stage rectal cancer, while still allowing for complete removal of the lesion. TEM requires specialized instrumentation. TEM uses a natural opening (the anus) to reach the target organ, and is a valuable surgical technique with a low complication rate for patients with appropriate rectal lesions. The main advantages of TEM are preservation of the rectum, anus and fecal continence, low complication rates, short operation times, lower blood loss, shorter hospital stays, and shorter recover times. Other advantages include better exposure, magnified stereoscopic view, and greater reach into the middle and upper rectum.

Local excision (LE) alone does not offer the opportunity for lymph node biopsy and, therefore, has been reserved for patients in whom the likelihood of cancerous extension is small. LE can occur under direct visualization for rectal tumors within 10 cm of the anal verge and may be most appropriate for small tumors (less than 4cm) confined to the submucosa (T1, as defined by the TNM staging system). TEMS extends local excision ability to the proximal rectosigmoid junction. Adenomas, large rectal polyps (which cannot be removed through a colonoscope), retrorectal masses, small carcinoid tumors, and non-malignant conditions such as strictures or abscesses are amenable to local excision by either method. TEMS can avoid 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. Use of TEMS for resection of rectal cancers is more controversial.

The most common treatment for rectal cancer is surgery, either open resection or local excision. The technique chosen depends on the size and location of the tumor, evidence of local or distal spread, and patient characteristics and goals. Open, wide resections have the highest cure rate, but may also have significant adverse effects, such as lifelong colostomy, bowel, bladder, or sexual dysfunction. The use of LE in rectal adenocarcinoma is an area of much interest; however, because LE alone does not offer the opportunity for lymph node biopsy it has been reserved for patients in whom the likelihood of cancerous extension is small. Despite this increased risk of local recurrence, local excision may be an informed alternative for patients. TEMS permits local excision beyond the reach of direct visualization equipment.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
03/07/2017	03/07/2017 ^{MPC} , 05/02/2023 ^{MPC} , 09/03/2024 ^{MPC}	

^{MPC} Medical Policy Committee

Revision History	Description
03/07/2017	MPC approved to adopt criteria for TEMS