

Medical Coverage Policies

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Transanal Endoscopic Microsurgery

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Description:

Transanal endoscopic microsurgery (TEMS) involves the use of specialized equipment including an operating proctoscope, insufflation, and magnified stereoscopic views for resection of rectal tumors. Use of this equipment deals with limitations on local resection due to the anal sphincter and boney confines of the pelvis. Lesions that could not be removed through the anus under usual circumstances become accessible with the use of TEMS. Use of this technique should not change the type of rectal lesion that is or is not removed by a localized resection; this only changes the surgical approach.

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. As examples, most rectal polyps can be removed endoscopically and many rectal cancers need a wide excision and are thus not amenable to local resection.

TEMS has potential use when traditional transanal approaches are not possible. 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, and pelvic abscesses, and in malignant conditions such as malignant polyps, T1 –T2 rectal cancer, and palliative excision of T3 rectal cancers. When these lesions cannot be removed through the anus, an anterior abdominal approach or abdominoperineal resection would often be used. TEMS is viewed as an alternative in these cases.

Despite many years of experience using this device in Europe, the evidence regarding transanal endoscopic microsurgery is very limited, being largely based on a single relatively small randomized, controlled trial with 53 participants.

Medical Criteria:

Not applicable.

Policy:

Transanal endoscopic microsurgery (TEMS) is covered.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet, or RItE Care Contract for the applicable surgery services.

Coding:

0184T

Also Known As:

Not applicable

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