**Transanal Endoscopic Microsurgery (TEMS)**

**DESCRIPTION**

Transanal endoscopic microsurgery (TEMS) is a minimally invasive surgical approach, using a specialized magnifying rectoscope with ports for insufflation, instrumentation, and irrigation. It has been proposed for use in local excision of rectal lesions that cannot be directly visualized, and as an alternative to open or laparoscopic excision.

**MEDICARE ADVANTAGE POLICY CRITERIA**

<table>
<thead>
<tr>
<th>CMS Coverage Manuals*</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Coverage Determinations (NCDs)*</td>
<td>See References(1)</td>
</tr>
</tbody>
</table>

NCD 100.2 states “Endoscopic procedures are covered when reasonable and necessary.” NCD 100.2 does not provide criteria for determining medical necessity. See the health
NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (*Medicare IOM Pub. No. 100-04, Ch. 23, §30A*). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan’s evidence-assessment process (see Cross References).

**POLICY GUIDELINES**

**REQUIRED DOCUMENTATION**

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records, treatment plan, and details regarding condition being treated.

**REGULATORY STATUS**

In March 2001, “The Transanal Endoscopic Microsurgery (TEMS) Combination System and Instrument Set” (Richard Wolf Medical Instruments Corp.) was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. The FDA determined that this device was substantially equivalent to existing devices for use in inflating the rectal cavity, endoscopically visualizing the surgical site, and accommodating up to 3 surgical instruments. The Covidien SILS™ Port subsequently received 510(k) approval in 2011. The SILS port is a similar instrument that can be used for rectal procedures including TEMS.

**CROSS REFERENCES**

*Investigational (Experimental) Services and New and Emerging Medical Technologies and Procedures*, Medicine, Policy No. M-149
REFERENCES

1. NCD for Endoscopy (100.2)

CODING

**NOTE:** Codes 45171, *Excision of rectal tumor, transanal approach; not including muscularis propria (i.e., partial thickness)* and 45172, *Excision of rectal tumor, transanal approach; including muscularis propria (i.e., full thickness)* do not apply to the TEMS procedure.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
<td>0184T</td>
<td><em>Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., TEMS), including muscularis propria (i.e., full thickness)</em></td>
</tr>
<tr>
<td>HCPCS</td>
<td>None</td>
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</tr>
</tbody>
</table>

*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*