

Transanal Endoscopic Microsurgery

Medicare Advantage Medical Policy # MA-225

Original Effective Date: 09/01/2026

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Applies to all products administered or underwritten by the Health Plan, unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Blue Advantage does not cover investigational or experimental services, including any drug, device, procedure, or service provided under the investigational arm of a clinical trial or study unless mandated by the Centers for Medicare and Medicaid Services. Coverage is limited to routine services for Category A IDE studies and to devices and related services for Category B IDE studies when not supplied by the trial sponsor. Approved IDE studies are posted on www.cms.gov/medicare/coverage/evidence.

When Services Are Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Health Plan may consider transanal endoscopic microsurgery for treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision to be **eligible for coverage.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Health Plan may consider transanal endoscopic microsurgery for treatment of clinical stage T1 rectal adenocarcinomas that cannot be removed using other means of local excision to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for transanal endoscopic microsurgery for treatment of clinical stage T1 rectal adenocarcinomas that cannot be removed using other means of local excision may be considered when **ALL** of the following criteria are met:

- 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 one-third of the circumference of the rectum.

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

The use of transanal endoscopic microsurgery for treatment rectal tumors when patient selection criteria are not met is considered to be **investigational**.*

Policy Guidelines

The clinical staging of rectal cancers is determined from the physical examination, imaging, and biopsy results.

Background/Overview

Transanal Endoscopic Microsurgery

Transanal endoscopic microsurgery (TEM) is a minimally invasive approach to local excision of rectal lesions. It 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 (eg, malignant polyps). Use of TEM for resection of rectal cancers is more controversial. TEM can avoid the 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.

The TEM system has a specialized magnifying rectoscope with ports for insufflation, instrumentation, and irrigation. This procedure has been available in Europe but has not been widely used in the U.S. Two reasons for this slow adoption 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.

Other Treatment Options

The most common treatment for rectal cancer is surgery; the technique chosen will depend on several factors. The size and location of the tumor, evidence of local or distal spread, and an individual's characteristics and goals are all attributes that will affect the treatment approach. Open, wide resections have the highest cure rate but may also have significant adverse events. Most individuals find the potential adverse events of lifelong colostomy and/or bowel, bladder, or sexual dysfunction acceptable in the face of a terminal illness. Laparoscopic-assisted surgery, with lymph node dissection as indicated, is technically difficult in the pelvic region but is being investigated as a less invasive alternative to open resection.

Local excision 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. Local excision can occur under direct visualization in rectal tumors within 10 cm of the anal verge. TEM extends local

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excision ability to the proximal rectosigmoid junction. Adenomas, small carcinoid tumors, and nonmalignant conditions (eg, strictures, abscesses) are amenable to local excision by either method. The use of local excision in rectal adenocarcinoma is an area of much interest and may be most appropriate in small tumors (<4 cm) confined to the submucosa (T1, as defined by the tumor, node, and metastasis staging system). Presurgical clinical staging, however, may miss up to 15% of regional lymph node spread. During local excision, the excised specimen should be examined by a pathologist. If adverse features such as high-grade pathology or unclear margins are observed, the procedure can be converted to a wider resection. Despite this increased risk of local recurrence, local excision may be an informed alternative for patients. TEM permits local excision beyond the reach of direct visualization equipment.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

In 2001, the TEM Combination System and Instrument Set (Richard Wolf Medical Instruments) 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. In 2011, the SILS^{TM†} Port (Covidien) was cleared for marketing by the FDA through the 510(k) process. The SILS Port is a similar instrument that can be used for rectal procedures including TEM. Another device determined by the FDA to be substantially equivalent to these devices is the GelPOINT^{®‡} Path (Applied Medical Resources). FDA product codes: HIF, GCJ, FER. Table 1 lists some of the TEM devices cleared by the FDA.

Table 1. Transanal Endoscopic Microsurgery Devices Cleared by the U.S. Food and Drug Administration

Device	Manufacturer	Date Cleared	510(k) No.	Indication
Applied Medical Anoscope	Applied Medical Resources	01/06/2021	K200021	For use in transanal endoscopic microsurgery
AP50/30 Insufflator with Insuflo Port	Lexion Medical LLC	8/28/2019	K191780	For use in transanal endoscopic microsurgery
AirSeal	ConMed Corporation	3/28/2019	K190303	For use in transanal endoscopic microsurgery
GRI-Alleset Veress Needle	GRI Medical and Electronic Technology Co. Ltd.	6/11/2018	K172835	For use in transanal endoscopic microsurgery
SurgiQuest AIRSEAL iFS System	ConMed Corporation	3/16/2018	K172516	For use in transanal endoscopic microsurgery

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TEMED Gas Diffuser	TEMED	2/14/2018	K173545	For use in transanal endoscopic microsurgery
Veress Needle	WickiMed (Huizhou) Medical Equipment Manufacturing Co.Ltd.	9/14/2017	K172120	For use in transanal endoscopic microsurgery
GelPOINT Path Transanal Access Platform	Applied Medical Resources Corp.	7/20/2017	K171701	For use in transanal endoscopic microsurgery
HumiGard Surgical Humidification System HumiGard Humidified Insufflation Kit	FISHER & PAYKEL HEALTHCARE	6/23/2017	K162582	For use in transanal endoscopic microsurgery
LaparoLight Veress Needle	Buffalo Filter LLC	5/18/2017	K171139	For use in transanal endoscopic microsurgery
PNEUMOCLEAR	W.O.M World Of Medicine GmbH	5/15/2017	K170784	For use in transanal endoscopic microsurgery
ENDOFLATOR 40 ENDOFLATOR 50	KARL STORZ ENDOSCOPY-AMERICA INC.	3/2/2017	K161554	For use in transanal endoscopic microsurgery
U-Blade Veress Needle	TIANJIN UWELL MEDICAL DEVICE MANUFACTURING CO.LTD.	12/12/2016	K162648	For use in transanal endoscopic microsurgery
S698 Symbioz flow	SOPRO - ACTEON GROUP	6/17/2016	K153367	For use in transanal endoscopic microsurgery
Insufflator 50L FM134	W.O.M WORLD OF MEDICINE GMBH	3/4/2016	K153513	For use in transanal endoscopic microsurgery
Unimicro Veress Needle	Unimicro Medical Systems (ShenZhen) Co.Ltd.	7/31/2015	K150068	For use in transanal endoscopic microsurgery
SurgiQuest AirSeal iFS System	SURGIQUEST INC.	3/20/2015	K143404	For use in transanal endoscopic microsurgery

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Description

Transanal endoscopic microsurgery (TEM) is a minimally invasive approach for local excision of rectal lesions that cannot be directly visualized. It is an alternative to open or laparoscopic excision and has been studied in the treatment of both benign and malignant conditions of the rectum.

Summary of Evidence

For individuals who have rectal adenoma(s) who receive transanal endoscopic microsurgery (TEM), the evidence includes a few nonrandomized comparative studies and numerous single-arm case series. Relevant outcomes are overall survival (OS), functional outcomes, health status measures, quality of life (QOL), and treatment-related morbidity. The evidence supports conclusions that the removal of polyps by TEM is associated with low postoperative complication rates and low-risk of recurrence. However, due to the low quality of the evidence base, no conclusions can be made on the comparative efficacy of TEM and standard procedures. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have early rectal adenocarcinoma who receive TEM, the evidence includes small randomized controlled trials (RCTs), a few nonrandomized comparative studies, numerous single-arm case series, and systematic reviews of these studies. Relevant outcomes are OS, functional outcomes, health status measures, QOL, and treatment-related morbidity. The evidence supports conclusions that TEM is associated with fewer postoperative complications but may have higher local recurrence rates and possibly higher rates of metastatic disease. One systematic review indicates improved OS with radical surgery compared with TEM; however, the majority of systematic reviews did not demonstrate significant differences in OS. However, due to the low quality of the evidence base, these conclusions lack certainty. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information

Clinical Input From Physician Specialty Societies and Academic Medical Centers

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

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2009 Input

In response to requests, input was received from 2 academic medical centers while this policy was under review in 2009. Input supported the policy statements adopted in 2009. One reviewer commented specifically that this technique should be limited to select T1 rectal cancers.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American College of Radiology

In 2015, the American College of Radiology (ACR) updated its 2010 appropriateness criteria on local excision of early-stage rectal cancer. The ACR noted that transanal endoscopic microsurgery (TEM) is an appropriate operative procedure for locally complete excision of distal rectal lesions and has been "evaluated for curative treatment of invasive cancer." ACR also noted that TEM has "been shown to be as effective, and associated with less morbidity than conventional transanal excision" and is considered safe after treatment with chemoradiation. These ACR guidelines were based on expert consensus and analysis of current literature.

American Society of Colon and Rectal Surgeons

The American Society of Colon and Rectal Surgeons published updated guideline recommendations for the management of rectal cancer in 2020. The guidelines indicate that curative local excision is an appropriate treatment modality for carefully selected, well to moderately differentiated T1 rectal cancers. Tumor size must be less than 3 cm in diameter and less than 30% of the bowel lumen circumference. Additionally, patients must not have a lymphovascular or perineural invasion. The guidelines noted that visualization with TEM appears to be superior to the transanal approach, but randomized controlled trials are lacking. T2 lesions should be treated with radical resection unless the patient is a poor candidate for a more extensive surgical procedure. A supplement was subsequently published in 2023, with no additional recommendations offered on TEM.

National Comprehensive Cancer Network

The National Comprehensive Cancer Network (v.3.2025) in its updated guidelines on the treatment of rectal cancer states, "When the lesion can be adequately localized to the rectum, local excision of more proximal lesions may be technically feasible using advanced techniques, such as transanal endoscopic microsurgery (TEM) or transanal minimally invasive surgery (TAMIS)."

However, under discussion is the statement, "TEM can facilitate excision of small tumors through the anus when lesions can be adequately identified in the rectum. TEM may be technically feasible for more proximal lesions."

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4. Restivo A, Zorcolo L, D'Alia G, et al. Risk of complications and long-term functional alterations after local excision of rectal tumors with transanal endoscopic microsurgery (TEM). *Int J Colorectal Dis.* Feb 2016; 31(2): 257-66. PMID 26298182
5. Issa N, Murninkas A, Schmilovitz-Weiss H, et al. Transanal Endoscopic Microsurgery After Neoadjuvant Chemoradiotherapy for Rectal Cancer. *J Laparoendosc Adv Surg Tech A.* Aug 2015; 25(8): 617-24. PMID 26258267
6. Verseveld M, Barendse RM, Gosselink MP, et al. Transanal minimally invasive surgery: impact on quality of life and functional outcome. *Surg Endosc.* Mar 2016; 30(3): 1184-7. PMID 26139488
7. D'Ambrosio G, Paganini AM, Balla A, et al. Quality of life in non-early rectal cancer treated by neoadjuvant radio-chemotherapy and endoluminal loco-regional resection (ELRR) by transanal endoscopic microsurgery (TEM) versus laparoscopic total mesorectal excision. *Surg Endosc.* Feb 2016; 30(2): 504-511. PMID 26045097
8. Verseveld M, de Graaf EJ, Verhoef C, et al. Chemoradiation therapy for rectal cancer in the distal rectum followed by organ-sparing transanal endoscopic microsurgery (CARTS study). *Br J Surg.* Jun 2015; 102(7): 853-60. PMID 25847025
9. Laliberte AS, Lebrun A, Drolet S, et al. Transanal endoscopic microsurgery as an outpatient procedure is feasible and safe. *Surg Endosc.* Dec 2015; 29(12): 3454-9. PMID 25801107
10. Samalavicius N, Ambrazevicius M, Kilius A, et al. Transanal endoscopic microsurgery for early rectal cancer: single center experience. *Wideochir Inne Tech Maloinwazyjne.* Dec 2014; 9(4): 603-7. PMID 25561999
11. Mora López L, Serra Aracil X, Hermoso Bosch J, et al. Study of anorectal function after transanal endoscopic surgery. *Int J Surg.* Jan 2015; 13: 142-147. PMID 25486265
12. Hompes R, Ashraf SQ, Gosselink MP, et al. Evaluation of quality of life and function at 1 year after transanal endoscopic microsurgery. *Colorectal Dis.* Feb 2015; 17(2): O54-61. PMID 25476189
13. Stipa F, Picchio M, Burza A, et al. Long-term outcome of local excision after preoperative chemoradiation for ypT0 rectal cancer. *Dis Colon Rectum.* Nov 2014; 57(11): 1245-52. PMID 25285690
14. Verseveld M, Barendse RM, Dawson I, et al. Intramucosal carcinoma of the rectum can be safely treated with transanal endoscopic microsurgery; clinical support of the revised Vienna classification. *Surg Endosc.* Nov 2014; 28(11): 3210-5. PMID 24939156
15. Zacharakis E, Freilich S, Rekhraj S, et al. Transanal endoscopic microsurgery for rectal tumors: the St. Mary's experience. *Am J Surg.* Nov 2007; 194(5): 694-8. PMID 17936438
16. Cataldo PA. Transanal endoscopic microsurgery. *Surg Clin North Am.* Aug 2006; 86(4): 915-25. PMID 16905416
17. Khalifa M, Gingold-Belfer R, Issa N. Local Recurrence of Premalignant and Early Malignant Rectal Polyps Treated by TEM-A Single-Center Experience. *J Clin Med.* Dec 27 2024; 14(1). PMID 39797162
18. Chan T, Karimuddin AA, Raval MJ, et al. Predictors of rectal adenoma recurrence following transanal endoscopic surgery: a retrospective cohort study. *Surg Endosc.* Aug 2020; 34(8): 3398-3407. PMID 31512037

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19. Karniadakis I, Papadakos SP, Argyroy A, et al. Comparative efficacy and safety of endoscopic submucosal dissection versus transanal endoscopic microsurgery for the treatment of rectal polyps: a systematic review and meta-analysis. *Eur J Gastroenterol Hepatol*. Nov 01 2025; 37(11): 1191-1197. PMID 40359282
20. Motamedi MAK, Mak NT, Brown CJ, et al. Local versus radical surgery for early rectal cancer with or without neoadjuvant or adjuvant therapy. *Cochrane Database Syst Rev*. Jun 13 2023; 6(6): CD002198. PMID 37310167
21. Li W, Xiang XX, Da Wang H, et al. Transanal endoscopic microsurgery versus radical resection for early-stage rectal cancer: a systematic review and meta- analysis. *Int J Colorectal Dis*. Feb 17 2023; 38(1): 49. PMID 36800079
22. Xiong X, Wang C, Wang B, et al. Can transanal endoscopic microsurgery effectively treat T1 or T2 rectal cancer?A systematic review and meta-analysis. *Surg Oncol*. Jun 2021; 37: 101561. PMID 33848762
23. Sgourakis G, Lanitis S, Gockel I, et al. Transanal endoscopic microsurgery for T1 and T2 rectal cancers: a meta-analysis and meta-regression analysis of outcomes. *Am Surg*. Jun 2011; 77(6): 761-72. PMID 21679648
24. Bach SP, Gilbert A, Brock K, et al. Radical surgery versus organ preservation via short-course radiotherapy followed by transanal endoscopic microsurgery for early-stage rectal cancer (TREC): a randomised, open-label feasibility study. *Lancet Gastroenterol Hepatol*. Feb 2021; 6(2): 92-105. PMID 33308452
25. Lezoche E, Baldarelli M, Lezoche G, et al. Randomized clinical trial of endoluminal locoregional resection versus laparoscopic total mesorectal excision for T2 rectal cancer after neoadjuvant therapy. *Br J Surg*. Sep 2012; 99(9): 1211-8. PMID 22864880
26. Lezoche G, Baldarelli M, Guerrieri M, et al. A prospective randomized study with a 5-year minimum follow-up evaluation of transanal endoscopic microsurgery versus laparoscopic total mesorectal excision after neoadjuvant therapy. *Surg Endosc*. Feb 2008; 22(2): 352-8. PMID 17943364
27. van Heinsbergen M, Leijtens JW, Slooter GD, et al. Quality of Life and Bowel Dysfunction after Transanal Endoscopic Microsurgery for Rectal Cancer: One Third of Patients Experience Major Low Anterior Resection Syndrome. *Dig Surg*. 2020; 37(1): 39-46. PMID 31185474
28. Farid A, Tutton M, Thambi P, et al. Local excision of early rectal cancer: A multi-centre experience of transanal endoscopic microsurgery from the United Kingdom. *World J Gastrointest Surg*. Oct 27 2024; 16(10): 3114-3122. PMID 39575271
29. Al-Najami I, Rancinger CP, Larsen MK, et al. Transanal endoscopic microsurgery for advanced polyps and early cancers in the rectum-Long-term outcome: A STROBE compliant observational study. *Medicine (Baltimore)*. Sep 2016; 95(36): e4732. PMID 27603369
30. Blackstock W, Russo SM, Suh WW, et al. ACR Appropriateness Criteria: local excision in early-stage rectal cancer. *Curr Probl Cancer*. 2010; 34(3): 193-200. PMID 20541057
31. Russo S, Blackstock AW, Herman JM, et al. ACR Appropriateness Criteria® Local Excision in Early Stage Rectal Cancer. *Am J Clin Oncol*. Oct 2015; 38(5): 520-5. PMID 26371522

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32. You YN, Hardiman KM, Bafford A, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Rectal Cancer. *Dis Colon Rectum*. Sep 2020; 63(9): 1191-1222. PMID 33216491
33. Langenfeld SJ, Davis BR, Vogel JD, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Rectal Cancer 2023 Supplement. *Dis Colon Rectum*. Jan 01 2024; 67(1): 18-31. PMID 37647138
34. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Rectal Cancer. Version 3.2025.
https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf.

Policy History

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06/16/2026 Utilization Management Committee review/approval. New policy.

Next Scheduled Review Date: 06/2027

Coding

The five character codes included in the Health Plan Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2025 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of the Health Plan Medical Policy Coverage Guidelines is with the Health Plan and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Health Plan Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Health Plan Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	0184T
HCPCS	No Codes
ICD-10 Diagnosis	All related Diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the Health Plan's Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Health Plan recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: All codes listed on the Medical Policy require prior authorization. This ensures appropriate utilization and alignment with current clinical guidelines.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Blue Advantage), Blue Advantage may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Blue Advantage health plan.

Medicare Advantage Members

Established coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: <https://www.cms.gov/medicare-coverage-database/search.aspx>. You may wish to review the Guide to the MCD Search here: <https://www.cms.gov/medicare-coverage-database/help/mcd-benehelp.aspx>.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria may be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of this internal coverage criteria.

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InterQual®

InterQual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review staff does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.