

Excision of Rectal Tumor

Guideline Number: MPG107.06
Approval Date: August 12, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	1
References	2
Guideline History/Revision Information	2
Purpose	2
Terms and Conditions	3

Related Medicare Advantage Policy Guideline	
•	Category III CPT Codes

Policy Summary

[↪ See Purpose](#)

Overview

The physician excises a rectal tumor using the transanal endoscopic microsurgical (TEMs) approach. Following administration of appropriate anesthesia, the patient is placed in a lithotomy position. Dilation of the rectum is achieved and maintained with constant-flow carbon dioxide insufflation. Using specially designed instruments inserted via a resectoscope, full-thickness excision (including the muscularis propria) of the tumor is achieved. Dissection and suturing are performed within the rectal cavity.

Guidelines

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. It further states that TEMs for more proximal lesions (greater than 8 cm from anal verge) may be technically feasible.

Coverage will be determined by the Local Coverage Determinations (LCDs). LCDs offering coverage will only be allowed when the service is delivered in clinical situations meeting medical necessity and based on the guidelines listed.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., TEMs), including muscularis propria (i.e., full thickness)

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References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L35490 Category III Codes	A56902 Billing and Coding: Category III Codes	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MO, NE
L33392 Category III CPT® Codes Retired 07/01/2020	A56195 Billing and Coding: Category III CPT® Codes Retired 07/01/2020	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33777 Noncovered Services Retired 07/01/2020	A57743 Billing and Coding: Noncovered Services Retired 07/01/2020	First Coast	FL, PR, VI	FL, PR, VI
L34555 Non-Covered Category III CPT Codes Retired 03/23/2020	A56480 Billing and Coding: Non-Covered Category III CPT Codes Retired 03/23/2020	Palmetto	AL, GA, TN, SC, VA, WV, NC	AL, GA, TN, SC, VA, WV, NC
L35094 (Services That Are Not Reasonable and Necessary) Retired 07/01/2020	A56967 Billing and Coding: Services That Are Not Reasonable and Necessary Retired 07/01/2020	Novitas	CO, DC, DE, MD, NJ, NM, PA, OK, TX	CO, DC, DE, MD, NJ, NM, PA, OK, TX

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
08/12/2020	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG107.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this

resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).