



UM-CDG-069 Transanal Endoscopic Surgery

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address transanal endoscopic surgery (TES), a procedure to treat rectal tumors and other problems by inserting microsurgical tools through the anus.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers TES as medically necessary for the treatment of rectal adenomas, including recurrent adenomas that cannot be removed by other means of local excision.

TES may be considered medically necessary for the treatment of clinical stage T1 rectal adenocarcinomas that cannot be removed using local excision and that meet the following criteria:

- Located within 8 cm of the anal verge, and
- Less than 3 cm in size, and
- Well to moderately differentiated by biopsy, and
- Without lymphadenopathy, and
- Less than 30% of the circumference of the rectum

TES may be considered medically necessary for the treatment of rectal carcinoid tumors that cannot be removed using other means of local excision and that meet the following criteria:

- Located within 8 cm of the anal verge, and
- Less than 2 cm in size, and
- No radiologic evidence of metastasis, and
- Less than 30% of the circumference of the rectum

TES is considered investigational, experimental, or unproven for treatment of rectal tumors that do not meet the above criteria.

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