2019 Coding & Reimbursement Considerations

Transanal Hemorrhoidal Dearterialization (THD) is a minimally invasive nonexcisional technique used by colorectal and general surgeons to treat symptomatic internal hemorrhoids that have failed conservative medical management. To help answer common coding and reimbursement questions, the following information is shared for educational and strategic planning purposes only. While THD believes this information to be correct, coding and reimbursement decisions are subject to change without notice. As a result, providers are encouraged to speak regularly with their payers. For additional information, please contact your local THD sales professional or call our Reimbursement HelpLine for personal assistance @ (203) 271-3366.

FDA REGULATORY CLEARANCES: THD has received 510(K) clearances from the U.S. Food and Drug Administration (FDA): K070815 in 2007. K090009 in 2009. K103647 in 2011.

CLINICAL VALUE: Transanal hemorrhoidal dearterialization (THD) is an effective minimally invasive alternative used by surgeons to treat surgically eligible hemorrhoids.[1] A typical patient is a middle-aged adult who is suffering with pain, bleeding and prolapse. Despite conservative medical management, eligible patients have not been able to obtain sufficient relief and are contemplating an open excisional hemorrhoidectomy.

With THD's specially designed proctoscope combined with a Doppler transducer, the colorectal or general surgeon is able to identify the patient's hemorrhoidal arteries originating from the superior rectal artery and ligate them selectively with absorbable sutures. By "tying-off" the arterial blood flow, the inflow is reduced, causing the plexus to diminish and the hemorrhoids to shrink. To complete the procedure, the surgeon usually repositions the redundant rectal mucosa *in situ* with a continuous suture to "lift" the prolapsing tissue back to its anatomical position as opposed to excising the redundant mucosal tissue. The entire procedure usually takes approximately 45 minutes to complete in a hospital's outpatient department or Ambulatory Surgery Center. Because there is no surgical removal of tissue, there is minimal post-operative pain, a low complication rate, very quick recovery and most importantly, effective symptom control. Return to normal activities is usually two-three days following a THD procedure compared to 6-8 weeks following the surgical gold standard, an excisional hemorrhoidectomy. Recent peer-reviewed publications to assist a facility's Value Analysis includes, but not limited to:

- Trenti L, Galvez A, Bravo A, et al. Distal Doppler-guided transanal hemorrhoidal dearterialization with mucopexy versus conventional hemorrhoidectomy for grade III and IV hemorrhoids: postoperative morbidity and long-term outcomes. *Tech Coloproctol* 2017 21: 337-44.
- Leardi S, Pessia B, Mascio M, et al. Doppler-Guided Transanal Hemorrhoidal Dearterialization (DG-THD) Versus Stapled Hemorrhoidopexy (SH) in the Treatment of Third-Degree Hemorrhoids: Clinical Results at Short and Long-Term Follow-Up. *J Gastrointest Surg.* 2016 Nov; 20 (11): 1886-1890.
- Denoya P, Tam J, Bergamaschi R. Hemorrhoidal dearterialization with mucopexy versus hemorrhoidectomy: 3-year follow-up assessment of a randomized controlled trial. *Tech Coloproctol*. 2014 Nov; 18 (11): 1081-5.

[1]Ratto C, Campenni, P, Papeo F, et al. Transanal hemorrhoidal dearterialization (THD) for hemorrhoidal disease: a single-center study on 1,000 consecutive cases and a review of the literature. *Techniques in Coloproctology*. 2017;21:953-63.

CODING CONSIDERATIONS: Codes provide a uniform language for describing the medical/surgical services performed by healthcare providers. The actual selection of codes depends upon details documented in the patient's medical record and is the sole responsibility of the healthcare provider to correctly prepare the claim submitted to the patient's insurance carrier. The following information is shared solely for educational and strategic planning purposes.

Physician's Professional Component

Healthcare providers are encouraged to review the American Medical Association's (AMA) current guidelines and definitions found in the "Rectum: Incision, Excision, Destruction, Endoscopy, and Repair" sections of *CPT 2019*[2]. Consistent with AMA's definition, the following Category III Tracking code became effective January 1, 2011:

CPT®	Definition
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance. *CPT Changes: An Insider's View 2011.* Do not report 0249T in conjunction with 46020, 46221, 46250-46262, 46600, 46945, 46946, 76872, 76942, 76998

Source: AMA *CPT 2019* Professional Edition.

At the May 2018 meeting of the AMA CPT® Editorial Panel meeting, a Level 1 CPT 46X48 was recommended for transanal hemorrhoidal deateralization and will become effective January 2020. In then meantime, 0249T is the appropriate consideration for THD. In comparison to invasive surgical procedures, such as hemorrhoidectomy (CPT 46260) and/or hemorrhoidopexy (CPT 46947), the Relative Value Units (RVUs) for transanal hemorrhoidal dearterialization (0249T) are anticipated to be equivalent to hemorrhoidopexy by stapling.

CPT®	Description	Physician Work RVUs	Facility Total RVUs
46260	Hemorrhoidectomy	6.73	13.79
46947	Hemorrhoidopexy (PPH)	5.57	11.09
0249T	THD	5.57	11.09

*Payment reflects CMS conversion factor = $36.0391.

Facility's Technical Component

CMS 2019 national average payment for THD's 0249T is as follows:

APC	Description	CY2019 Hospital Outpatient National Average Payment	CY2019 Ambulatory Surgery Center (ASC)
5313	Level 3 Lower GI procedures	$2,334.58	$1,139.17

Source: CMS 2019 HOPPS final rule

COVERAGE CONSIDERATIONS: 0249T is covered by leading payers, including every Medicare Contractor, numerous Medicaid state plans, Aetna, CIGNA, United Healthcare, TriCare, and notable managed care plans, such as Harvard Pilgrim, Tufts Health Plan, Rocky Mountain Health Plan, to name a few. For personal assistance with payer communications, please call our Reimbursement HelpLine @ (203) 271-3366.

[2] CPT is the registered trademark of the American Medical Association. Healthcare providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.