



## NEW CPT 46948 effective January 1, 2020

Category III code 0249T has been deleted and converted to Category 1 code 46948, effective January 1, 2020. To help answer common coding and reimbursement questions, the following information is shared for educational and strategic planning purposes only.

**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.

**AS POSTED BY THE AMERICAN MEDICAL ASSOCIATION (AMA):** The new code, CPT 46948 more accurately describes all services inherent in the procedure, including identification and ligation of the terminal branches of the superior rectal artery through an anoscope equipped with an ultrasound probe and when required deployment of a ring of sutures to pull-up a prolapse (mucopexy). The ultrasound probe allows localization of all the arteries that are to be individually ligated as needed to interrupt hemorrhoid blood supply. THD is different from a traditional hemorrhoidectomy, which focuses on excising the hemorrhoidal bundle.<sup>1</sup>

**DESCRIPTION OF THE PROCEDURE:** 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.

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<sup>1</sup> American Medical Association. *CPT Changes 2020, An Insider's View*, page 63-64.



**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 "Digestive System/Anus: Excision" subsection of *CPT 2020*<sup>2</sup>. Consistent with AMA's guidance and CMS 2020 Physician Fee Schedule, final rule, please note the following NEW information:

<b>CPT®</b>	<b>Definition</b>
<b>46948</b>	<b>Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed. Do not report with 46221, 46945 in conjunction with 46948. Do not report 46945, 46946 in conjunction with 76872, 76942, 76998</b>

*Source: AMA CPT 2020 Professional Edition.*

As reported in CMS 2020 Physician Fee Schedule, final rule:

<b>CPT®</b>	<b>Description</b>	<b>Physician Work RVUs</b>	<b>Facility Total RVUs</b>	<b>2020 CMS National Average Payment*</b>
46260	Hemorrhoidectomy	6.73	13.87	\$500.56
46947	PPH	5.57	11.15	\$402.40
<b>46948</b>	<b>THD</b>	<b>5.57</b>	<b>12.71</b>	<b>\$458.70</b>

*\*Estimated National Average Payment is based upon CMS 2020 Conversion Factor = \$36.0896*

### **Facility's Technical Component**

CMS 2020 national average payment for THD's NEW CPT 46948 is as follows:

<b>APC</b>	<b>Description</b>	<b>CY2020 Hospital Outpatient National Average Payment</b>	<b>CY2020 Ambulatory Surgery Center (ASC)</b>
5313	Level 3 Lower GI procedures	\$2,343.92	\$1,100.20

*Source: CMS 2020 HOPPS final rule*

**COVERAGE CONSIDERATIONS:** THD 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. In 2020, if you encounter a health plan that does not yet recognize THD's clinical and financial value, then please call our Health Policy HelpLine @ (203)271-3366 for letters of medical necessity, appeal templates and notable publications.

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<sup>2</sup> 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.