



## Transanal Hemorrhoidal Dearterialization (THD), CPT 46948

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, we respect that coding is at the sole discretion of the provider and that reimbursement decisions are subject to change without notice. As a result, providers are encouraged to review the American Medical Association's (AMA) *CPT® Professional 2023 Codebook* as well as check regularly with their payers.

**FDA REGULATORY CLEARANCE:** The THD Slide Doppler guided proctoscope is a system for the surgical treatment of the hemorrhoids of second and third degree. It is based on Transanal Hemorrhoidal Dearterialization technique guided by a Doppler probe. The Doppler system, placed inside the THD Evolution Doppler device, is used to detect the terminal branch of the superior hemorrhoid artery, in order to perform ligation with a THD Slide proctoscope, sutures and a needle holder included in the THD Slide Kit (K#081429, July 30, 2008).

**AMERICAN MEDICAL ASSOCIATION (AMA):** CPT 46948 became effective on January 1, 2020. Per the AMA, this code 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.

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

**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 2023*<sup>2</sup>. Consistent with AMA’s guidance and CMS 2023 Physician Fee Schedule, final rule:

CPT®	Definition
<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 46948 in conjunction with 76872, 76942, 76998). (For transanal hemorrhoidal dearterialization, single column/group, use 46999).</b>

Source: AMA CPT 2023 Professional Edition.

As reported in CMS 2023 Physician Fee Schedule, final rule:

CPT®	Description	Physician Work RVUs	Facility Total RVUs	2023 CMS National Average Payment*
<b>46948</b>	<b>THD</b>	<b>5.57</b>	<b>13.36</b>	<b>\$441.69</b>

\*Estimated National Average Payment is based upon CMS 2023 Conversion Factor = \$33.0607

**Facility’s Technical Component**

CMS 2023 national average payment for CPT 46948 is as follows:

APC	Description	CY2023 Hospital Outpatient National Average Payment	CY2023 Ambulatory Surgery Center (ASC)
5313	Level 3 Lower GI procedures	\$2,569.47	\$1,234.85

Source: CMS 2023 HOPPS/ASC final rule

**COVERAGE CONSIDERATIONS:** THD is covered by leading payers, including Medicare, Medicaid, Aetna, CIGNA, United Healthcare, TriCare, and notable managed care plans, such as Harvard Pilgrim, Tufts Health Plan, Rocky Mountain Health Plan. For additional information, please speak with your THD sales professional.

<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.