

Transanal Hemorrhoidal Dearterialization

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In the 2020 Current Procedural Terminology (CPT®) code set, several changes were made within the Digestive System/Anus/Excision subsection. Two hemorrhoidectomy codes (46945, 46946) were revised and Category III code 0249T was converted to Category I code 46948. In addition, updated parentheses were added to reflect all related code changes. This article provides an overview of the rationales behind these changes.

Anus

Excision

46221

Hemorrhoidectomy, internal, by rubber band ligation(s)

(Do not report 46221 in conjunction with 45350, 45398)

▲ **46945**

Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance

▲ **46946**

2 or more hemorrhoid columns/groups, without imaging guidance

▶ (Do not report 46221, 46945, 46946 in conjunction with 46948) ◀

▶ (Do not report 46945, 46946 in conjunction with 76872, 76942, 76998) ◀

● **46948**

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 hemorrhoid column/group, use 46999) ◀

New code 46948 describes transanal hemorrhoidal dearterialization (THD). This is a nonexcisional surgical technique developed for the treatment of internal hemorrhoids based on the identification and ligation of the terminal branches of the superior rectal artery via a specially developed anoscope equipped with an ultrasound probe. The ultrasound probe allows accurate localization of arteries supplying the hemorrhoid, which are individually ligated as needed. The venous outflow is not affected, but the inflow to outflow ratio drops significantly. The connective tissue in the collapsed hemorrhoid slowly regenerates with resolution of the prolapse. If significant mucosal/hemorrhoidal prolapse is present, mucopexy may also be performed. The THD procedure is different from a traditional hemorrhoidectomy, which focuses on excision of the hemorrhoidal columns/group. With the THD procedure, no tissue is excised.

Codes 46945 and 46946 were revised to indicate that these procedures are performed without imaging guidance. The updated guidelines inform users that code 46948 includes ultrasound and mucopexy, when performed.

Coding Tip

New code 46948 includes ultrasound guidance, therefore, code 76872, Ultrasound, transrectal, should not be separately reported.

The following clinical examples and procedural descriptions reflect typical clinical situations for which these new and revised codes would be appropriately reported.

Clinical Example (46945)

A 50-year-old male with a single symptomatic column of internal hemorrhoids undergoes suture ligation of the hemorrhoidal tissue.

Description of Procedure (46945)

After induction of anesthesia, perform a digital rectal examination. Next, place a lubricated operative anoscope in the anal canal. Rotate the anoscope 180° and remove the obturator. Perform visual inspection through the anoscope, which identifies a single hemorrhoid column. Remove fecal matter with suction. Place a Hill Ferguson anal retractor to dilate the anus. Isolate the large friable internal hemorrhoid column. Suture the hemorrhoid column at the apex, middle, and distal portions of the column in order to destroy the blood supply to the hemorrhoid (total of three interrupted sutures). Perform irrigation and suction to remove any remaining blood.

At completion of the procedure, remove the retractor.

Clinical Example (46946)

A 50-year-old male with multiple symptomatic columns of internal hemorrhoids undergoes suture ligation of the hemorrhoidal tissue.

Description of Procedure (46946)

After induction of anesthesia, perform a digital rectal examination. Next, place a lubricated operative anoscope in the anal canal. Rotate the anoscope 180° and remove the obturator. Perform visual inspection through the anoscope, which identifies three hemorrhoid columns (right anterior, left lateral, and right posterior). Remove fecal matter with suction. Place a Hill Ferguson anal retractor to dilate the anus. Isolate the first large friable internal hemorrhoid column. Suture at the apex, middle, and distal portions of the column to destroy the blood supply to the hemorrhoid (total of three interrupted sutures). Perform irrigation and suction to remove blood. Move the retractor and repeat this process on the other two columns. At completion of the procedure, remove the retractor.

Clinical Example (46948)

A 50-year-old male with a long history of bright red rectal bleeding due to grade III internal hemorrhoids undergoes ultrasound-guided hemorrhoidal artery ligation with mucopexy as required.

Description of Procedure (46948)

After induction of anesthesia, perform a digital rectal examination. Next, insert a lubricated anoscope with an ultrasound probe attachment and equipped to deliver sutures into the anus. Perform visual inspection. Using the ultrasound probe, perform hemorrhoid artery ligation with figure-of-eight ligation. Use absorbable suture at six positions correlating with the odd numbers of the clock. After the device ties each suture, use ultrasound to confirm artery ligation. If an ultrasound signal is detected after six ligations, perform additional suture ligation, up to a maximum of eight. If significant mucosal/hemorrhoidal prolapse is present, mucopexy may also be performed. Run the previously tied suture in a proximal-to-distal fashion, stopping 1 cm above the dentate line. At this point, tie the suture back to itself at the apex of the hemorrhoidal column (location of initial ultrasound signal), creating a mucopexy of any redundant hemorrhoidal tissue. Repeat this procedure for each of the six terminal branches of the superior rectal artery so that six ligations and pexy sutures are performed. At completion of the procedure, remove the anoscope with ultrasound probe attachment. ◆