GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Hemorrhoids are cushions of blood vessels and supporting tissue that form part of the normal anatomy of the rectum. Hemorrhoidal disease occurs when pressure increases within the vessels, causing these cushions to enlarge, become painful, and sometimes bleed upon defecation. This condition affects approximately 5% of the general population, with up to 50% of people over the age of 50 years having symptoms at some time. Internal hemorrhoids lie within the anal canal and are classified as:

- Grade I: Hemorrhoids that have bleeding only
- Grade II: Hemorrhoids that protrude or prolapse outside the anus upon defecation but withdraw spontaneously
- Grade III: Hemorrhoids that protrude and then must be pushed back inside
- Grade IV: Hemorrhoids that are permanently protruded

Transanal hemorrhoidal dearterialization (THD) is an interventional procedure for patients with symptomatic internal hemorrhoids. THD involves using a specially designed proctoscope combined with a Doppler transducer to locate the arterial branches associated with the hemorrhoids and to tie off the arteries with sutures in order to decrease blood flow. The purpose of the procedure is to shrink hemorrhoidal tissue and reduce symptoms.

Evidence to date demonstrates that THD is safe and resolves symptoms of grade II through IV hemorrhoids in the majority of patients. Symptom resolution was comparable for THD and hemorrhoidectomy, but postoperative pain, analgesia use, and complications were consistently lower for THD. Results were inconsistent for postoperative outcomes for THD and stapled hemorrhoidopexy, but recurrence may be higher for THD. There was a small amount of conflicting evidence regarding THD compared with ligation. There was insufficient evidence to compare THD with ligation.

POLICY
Transanal hemorrhoidal dearterialization (THD) (0249T) does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount will reimburse services for transanal hemorrhoidal dearterialization (THD) (0249T) with or without retroanal repair for Grade II or III hemorrhoids that have failed rubber band ligation or conservative treatment, such as behavior modification, high fiber diets to control constipation, and hydrocortisone cream/suppositories.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tr>
<td>0249T</td>
<td>Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance</td>
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TAWG REVIEW DATES: 08/20/2015

REVISION HISTORY EXPLANATION
08/20/15: Policy created to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT©) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.