



TRANSANAL HEMORRHOIDAL DEARTERIALIZATION (THD)

2024 Coding and Reimbursement Guide

The Transanal Hemorrhoidal Dearterialization (THD) Coding and Reimbursement Guide is intended to provide coding and reimbursement information for the THD System for the surgical treatment of hemorrhoids.

Private payers and Medicare coverage may differ. It is recommended that providers verify current coverage policies and prior authorization requirements. Please check with your individual payer for their specific coding, coverage, and payment requirements.

PHYSICIAN CODING

CPT® Code	Description
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed

Reporting Instructions

- For transanal hemorrhoidal dearterialization, single hemorrhoid column/group, report CPT code 46999 *Unlisted procedure anus*.
- Do not separately report CPT 76872 *Ultrasound, transrectal* -CPT 46948 includes ultrasound guidance.
- Do not report CPT 46948 in conjunction with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation*, 76998 *Ultrasonic guidance, intraoperative*.
- CPT 46600 diagnostic anoscopy is not separately reported with an open or endoscopic procedure of the anus. It is an included service which is not separately reportable.

PHYSICIAN REIMBURSEMENT

CPT® Code	Description	Work RVU	Non-Facility Total RVU	Facility Total RVU	2024 Medicare National Average Payment Non-Facility	2024 Medicare National Average Payment Facility
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid	5.57	13.40	13.40	N/A*	\$439



	columns/groups, including ultrasound guidance, with mucopexy, when performed					
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*An “NA” indicates that this procedure is rarely or never performed in this setting. CMS National Physician Fee Schedule Relative Value File Calendar Year 2024

HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER REIMBURSEMENT

CPT® Code	Description	APC	Description	Hospital Outpatient 2024 Medicare National Average Payment	ASC Payment Indicator	Ambulatory Surgery Center 2024 Medicare National Average Payment
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	5313	Level 3 lower GI Procedures	\$2,678	G2	\$1,349

G2 Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight.

GLOBAL SURGERY PACKAGE/GLOBAL PERIOD

Surgical procedures are subject to a Global Surgery package also known as a “global surgery” or “global period” and includes services normally furnished by the physician who performed the surgery. Services included are pre-operative visits the day before or on the same day as the surgery, postoperative visits, miscellaneous services for example dressing changes, local incision care, removal of sutures and staples and complications which don’t require additional trips to the operating room.

CPT codes 46948 has a 90-day global period.



DIAGNOSIS CODES

ICD-10-CM diagnosis codes are used by physicians and facilities to report patient conditions.

It is the responsibility of the physician to determine the appropriate diagnosis code(s) for each patient. The physician is responsible for selecting the most appropriate code to reflect the information in the patient's medical record.

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SOURCES:

AMA CPT 2024 Professional Edition

Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage for CY 2024; Final Rule, Federal Register (88 Fed Reg. No. 220) November 16, 2023, 42 CFR Parts 405, 410, 411, 414, 415, 418, 423, 424, 425, 455, 489,491,495, 498, and 600 Addenda B

Medicare payment rates calculated using a conversion factor of \$32.7442 Based on CY 2024 Relative Value Units (RVU) information available as of January 2024.



Medicare Program; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with Comment, Federal Register (87 Fed Reg. No. 225) November 23, 2022, 42 CFR Parts 405, 410, 411,412, 413, 416, 419, 424, 485 and 489; Addenda A, and B

Medicare Program; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with Comment, Federal Register (87 Fed Reg. No. 225) November 23, 2022, 42 CFR Parts 405, 410, 411,412, 413, 416, 419, 424, 485 and 489; Addenda AA and DD

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Chapter VI Surgery: Digestive System National Correct Coding Initiative Policy Manual 2024 page VI-13