Direct Current Therapy for Treatment of Hemorrhoids

[For the list of services and procedures that need preauthorization, please refer to www.mcs.com.pr. Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.

Medical Policy: MP-SU-03-10
Original Effective Date: June 17, 2010
Reviewed:
Revised: November 18, 2013

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

Hemorrhoids are vascular cushions within the anal canal, usually found in three main locations: left lateral, right anterior, and right posterior portions. They lie beneath the epithelial lining of the anal canal and consist of direct arteriovenous communications, mainly between the terminal branches of the superior rectal and superior hemorrhoidal arteries, and, to a lesser extent, between branches originating from the inferior and middle hemorrhoidal arteries and the surrounding connective tissue.

Hemorrhoids are classified according to their origin; the dentate line (pectinate line) serves as an anatomic-histologic border. External hemorrhoids originate distal to the dentate line, arising from the inferior hemorrhoidal plexus, and are lined with modified squamous epithelium, which is richly innervated with somatic pain fibers (delta type, unmyelinated). Internal hemorrhoids originate proximal to the dentate line, arising from the superior hemorrhoidal plexus, and are covered with mucosa. Internal hemorrhoids do not have cutaneous innervation and can therefore be destroyed without anesthetic. Internal hemorrhoids usually become symptomatic only when they prolapsed, become ulcerated, bleed, or thromboses.

Internal hemorrhoids are further classified into four stages according to the extent of prolapsed, as follows:

- Stage I - Bleed without prolapsed
- Stage II - Prolapsed with Valsalva with spontaneous reduction, with or without bleeding
- Stage III - Prolapsed with Valsalva requiring manual reduction, with or without bleeding
- Stage IV - Irreducible prolapsed and manual reduction is ineffective

The initial conservative treatment for symptomatic hemorrhoids should include dietary management consisting of adequate fluid and fiber intake to relieve constipation and eliminate straining at defecation. At least six weeks may be required for significant improvement.
Conservative treatment should continue even if a procedure is required. Direct current is one of several non-surgical therapies for the treatment of internal hemorrhoids without the need for anesthesia. The result being the reduction or elimination of swollen tissues.

**COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.

**INDICATIONS**

Medical Card System, Inc. (MCS) considers destruction of hemorrhoid(s) by Direct Current Therapy medically necessary for the following indication:

1. For the treatment of symptomatic Stage I and Stage II internal hemorrhoids, without significant prolapse that have not responded to conservative treatment.

**CONTRAINDICATIONS**

1. Pregnancy

2. Implants (Pacemakers)

3. Transplants placed in the lower abdominal quadrant

4. Bleeding disorders

5. Inflammatory bowel disease (IBD)

6. Local infection

7. Immuno-suppression

8. Anti-coagulation therapy
LIMITATIONS

1. Procedure code 46930 should be reported only once per operative session regardless of the number of hemorrhoids treated.

2. Treatments are not to exceed 6-12 minutes.

CODING INFORMATION

CPT® Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>46930</td>
<td>Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation cautery or radiofrequency)</td>
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ICD-9 CM® Diagnosis Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>ICD-9 CM® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>455.0</td>
<td>Internal hemorrhoids without mention of complication</td>
</tr>
<tr>
<td>455.1</td>
<td>Internal thrombosed hemorrhoids</td>
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<tr>
<td>455.2</td>
<td>Internal hemorrhoids with other complications</td>
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</table>

REFERENCES


2. Centers of Medicare & Medicaid Services (CMS). First Coast Services Options, Inc. Local Coverage Determination (LCD) for Destruction of Internal Hemorrhoid(s) by Infrared Coagulation (IRC) (L30862). Original Determination Effective Date: For services performed on or after 06/07/2010. Revision Effective Date: For services performed on or after 06/07/2010. Accessed November 18,


POLICY HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>June 17, 2010</td>
<td>Origination of Policy</td>
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<tr>
<td>June 21, 2011</td>
<td>Revised</td>
<td>Indication changed from treatment of symptomatic internal and mixed hemorrhoids', Grade I, II, III and some Grade IV hemorrhoids to:</td>
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<tr>
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<td>New Indication: For the treatment of Stage I and Stage II internal hemorrhoids, without significant prolapsed.</td>
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<tr>
<td>November 2, 2012</td>
<td>Yearly Review</td>
<td>References updated.</td>
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  2. Indication for this policy was re-written according to the LCD (L30862): “For the treatment of symptomatic Stage I and Stage II internal hemorrhoids, without significant prolapse that have not responded to conservative treatment.” |