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
Revised: October 25, 2016
Next Revision: October, 2017

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 therapy is one of several non-surgical therapies for the treatment of internal hemorrhoids without the need for anesthesia. The direct current probe is said to not be a thermal device, but rather it causes the production of sodium hydroxide at the negative electrode of the device, creating the desired tissue effects. The medical results for this medical procedure will be the reduction or elimination of swollen tissues. Treating hemorrhoids by using direct current technology is limited by the large amount of time necessary to treat the involved tissue, up to 14 minutes per site, and this depends on the grade of the hemorrhoid and the mill amperage tolerated by the patient (110 V up to 16 mA). This technique has had limited application because of post-procedure pain that occurs in some patients, poor control of prolapse, and the prolonged treatment time.

**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 and/or Defibrillator)
3. Transplants placed in the lower abdominal/lower quadrant
4. Bleeding disorders
5. Inflammatory bowel disease (IBD)
6. Active anorectal infection
7. Anti-coagulation therapy
LIMITATIONS

1. Only one unit of service should be submitted per patient per global period (90 days), regardless of the number of sites treated by Direct Current Therapy. Any subsequent or re-treatment during the 90-day global period should NOT be separately billed.

2. Direct Current Therapy treatments do not exceed 14 minutes.

3. When the services are performed in excess of established parameters, they may be subject to review for medical necessity.

DOCUMENTATION REQUIREMENTS FOR THE PERFORMER PROVIDER

Medical record documentation maintained by the performing provider should include the following, and made available upon request:

1. A problem-specific history and physical examination, which should include:
   1) Information regarding any prior treatments for hemorrhoids and patient’s response.
   2) The type of conservative treatments utilized and patient’s response.
   3) The length of time allowed for the resolution of symptoms.

2. Results of the physical examination, which should typically include visual inspection of the anus, digital rectal examination and anoscopy.
   1) Patients with rectal bleeding usually undergo sigmoidoscopy.
   2) The proximal colon should be evaluated by colonoscopy or air-contrast barium enema to assess bleeding that is not typical of hemorrhoids (e.g., dark blood or blood mixed in the feces), guaiac-positive stools, or anemia. The individual patient’s risk factors for colorectal cancer (age, family history, or personal history of polyps) should also be considered when deciding on the extent of colonic evaluation.

3. The classification (stage) of the hemorrhoidal disease:
   1) Stage I - Bleed without prolapse.
   2) Stage II - Prolapse with Valsalva with spontaneous reduction, with or without bleeding.
   3) Stage III - Prolapse with Valsalva requiring manual reduction, with or without bleeding.
   4) Stage IV - Irreducible prolapsed and manual reduction is ineffective.

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 (eg, infrared coagulation,</td>
</tr>
</tbody>
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ICD-10 Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>K64.0</td>
<td>First degree hemorrhoids</td>
</tr>
<tr>
<td>K64.1</td>
<td>Second degree hemorrhoids</td>
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</tbody>
</table>

REFERENCES


POLICY HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>COMMENT</th>
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<tbody>
<tr>
<td>June 17, 2010</td>
<td>Origination</td>
<td>Indication changed from treatment of symptomatic internal and mixed hemorrhoids', Grade I, II, III and some Grade IV hemorrhoids to: New Indication: For the treatment of Stage I and Stage II internal hemorrhoids, without significant prolapsed.</td>
</tr>
<tr>
<td>June 21, 2011</td>
<td>Revised</td>
<td>References updated.</td>
</tr>
<tr>
<td>November 18, 2013</td>
<td>Yearly Review</td>
<td>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.”</td>
</tr>
<tr>
<td>February 21, 2014</td>
<td>Revised</td>
<td>To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy.</td>
</tr>
</tbody>
</table>
**To the description section:**
- Last Paragraph was restructured: Conservative treatment should continue even if a procedure is required. Direct current Therapy is one of several non-surgical therapies for the treatment of internal hemorrhoids without the need for anesthesia. The direct current probe is said to not be a thermal device, but rather it causes the production of sodium hydroxide at the negative electrode of the device, creating the desired tissue effects. The medical results for this medical procedure will be the reduction or elimination of swollen tissues. Treating hemorrhoids by using direct current technology is limited by the large amount of time necessary to treat the involved tissue, up to 14 minutes per site, and this depends on the grade of the hemorrhoid and the milliamperage tolerated by the patient (110 V up to 16 mA). This technique has had limited application because of post-procedure pain that occurs in some patients, poor control of prolapse, and the prolonged treatment time.

**To the Limitation Section:**
- Limitation #2 was reviewed to change the time limit of the treatment to "14" minutes.

**To the References Section:**
- New References #10, 11, 13, and 14 were added to the Medical Policy.

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**November 23, 2015**

**Revised**

**To the coding section:**
- Eliminate ICD-9 codes since they are no longer valid for diagnosis classification.
- Add new section of ICD-10 codes which are the valid diagnosis classification system since October 1, 2015.

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**October 25, 2016**

**Revised**

**References were Updated.**

**To the Contraindications Section:**
- New Phrase “And/or Defibrillator” was added to the Contraindication #2.

**To the Limitations Section:**
- Name of the Therapy was exchanged for “Direct Current Therapy” instead of Infrared Coagulation at the Limitation #1.

New “Documentation Requirements for the Performer Provider” Section was added to the Policy from: [LCD (L33571)]

**To the Coding Section:**
- To the ICD-10 Codes Section: the following ICD-codes (K64.2, K64.3 and K64.8) were deleted from this Policy.

**To the References Section:**
- References #4 and #5 were deleted from this Policy.