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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Minimally Invasive Hemorrhoid Procedures Policy

Indication/Usage:

Hemorrhoids are swollen veins in the rectal area. Minimally invasive or office-based hemorrhoid procedures include rubber band ligation (RBL), sclerotherapy, and infrared coagulation (IRC).

Infrared photocoagulation typically reserved for patients with internal grade 1 and 2 hemorrhoids. A beam low-grade heat energy is administered to the area directly next to the hemorrhoids that cuts off their blood flow. They shrink and fall off in 7 to 10 days.

Rubber band ligation is a procedure in which the hemorrhoid is tied off at its base with rubber bands, cutting off the blood flow to the hemorrhoid. This treatment is only for internal hemorrhoids. The hemorrhoid then shrinks and falls off in about a week.

Sclerotherapy involves the injection of a chemical solution into the area around each hemorrhoid.

The intent of the procedure is to damage the blood vessels feeding the hemorrhoid, which causes it to shrink. Normally the injections need to be repeated several times at intervals of every few weeks to completely shrink the hemorrhoid.

Medical Indications for Authorization

Commercial and Medicare Members

1. SummaCare considers infrared coagulation medically necessary for members with grade I or grade II internal hemorrhoids that have been diagnosed by anoscopy or physical examination that meet **one** of the 3 following criteria below:

1. Grade I or II hemorrhoids

- a. Grade I or II hemorrhoids have been treated with conservative management has been tried for six weeks without improvement:

- Anti-inflammatory suppository or cream for 10 days
- Stool softener or bulking agent or laxative ≥ 10 days
- High fiber diet ≥ 4 weeks
- Sitz bath or anal hygiene ≥ 10 day

- b. Pain interfering with ADLS continue after treatment

2. Recurrent bleeding or prolapse with grade I and II hemorrhoids
3. Recurrent bleeding or prolapse with grade I and II hemorrhoids after ligation, sclerotherapy or infrared coagulation.

II. SummaCare considers ligation of hemorrhoid (rubber band ligation RBL) and Sclerotherapy when one of the following 4 criteria has been met below, when internal hemorrhoids have been diagnosed by anoscopy or physical examination

1. Grade I or II hemorrhoids

- a. Grade I or II hemorrhoids have been treated with conservative management has been tried for six weeks without improvement

- Anti-inflammatory suppository or cream for 10 days
- Stool softener or bulking agent or laxative ≥ 10 days
- High fiber diet ≥ 4 weeks

- Sitz bath or anal hygiene ≥ 10 day
- b. Pain interfering with ADLS continue after treatment
 2. Recurrent bleeding or prolapse with grade I and II hemorrhoids
 3. Recurrent bleeding or prolapse with grade I and II hemorrhoids after ligation, sclerotherapy or infrared coagulation.
 4. Symptomatic grade III hemorrhoid

CPT code 46930: Destruction internal Hemorrhoid using thermal energy

CPT code 46221: Ligation of hemorrhoid

CPT code 46500: Injection of sclerosing solution, hemorrhoids

There are currently no NCD or LCD for minimally invasive Hemorrhoid Surgery

Limitations

Office-based rubber band ligation and sclerotherapy may be appropriate for treating symptomatic grade III hemorrhoids and repeated procedures may be needed if bleeding or prolapse recurs. Sclerotherapy has a more limited role than RBL and may more effective for the treatment of grade II hemorrhoids, it can also be used to treat grades I and III internal hemorrhoids. Minimally Invasive Hemorrhoid Procedures have low complication rates, recurrence rates are higher than a surgical procedures but have the advantage of being repeated. Bleeding or prolapse may recur following a prior minimally invasive hemorrhoid procedure.

Coverage Decisions

Coverage decisions made per CMS, Hayes, and industry standard research

Plans Covered By This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

Sources Reviewed

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