

## Part B Insider (Multispecialty) Coding Alert

### New Codes: Hemorrhoidectomy vs. Hemorrhoidopexy

#### Medicare introduces new code for innovative hemorrhoid treatment

If your patients have complained of pain and discomfort following traditional hemorrhoid prolapse treatments, then help is at hand.

A new ([CPT 46947](#)) covers hemorrhoidopexy by stapling for prolapsing internal hemorrhoids. Many providers refer to this treatment as the Procedure for Prolapse and Hemorrhoids (PPH).

In the traditional hemorrhoidectomy, the surgeon performs an excision and suture ligation, or rubber band ligation. In PPH, the surgeon performs a progressive anal dilation and inserts a circular anoscope into the anus, then uses a stapling technique to repair the prolapse.

The new code, 46947, carries 5.20 work RVUs, while existing hemorrhoidectomy codes 46250-46262 carry work RVUs ranging from 3.88 to 7.49. That means distinguishing between a hemorrhoidectomy and a hemorrhoidopexy in the physician's chart notes could yield significantly more reimbursement.

Some providers already have been billing for PPH using an unlisted code, and they report that the carriers appear to be paying the claims without any significant trouble. The most important factor is to prove that the physician tried more conservative approaches first.

Medicare won't cover PPH unless the prolapsed hemorrhoids are at least Grade III on the scale of I to IV, says coder **Lori Owens** with **Ohio Valley Surgical Specialists** in Owensboro, KY. "I haven't had a bit of problem and I haven't had to appeal any [claims]." For Grade III prolapsed hemorrhoids, chances are the physician has already tried suppositories and has concluded that more aggressive treatment is necessary.

There are definitely strong arguments for providing PPH instead of the traditional hemorrhoidectomy. An interim study presented to the **American Society for Colon and Rectal Surgeons'** (ASCRS) Annual Meeting in 2002 found that PPH patients experienced fewer adverse affects, less "intense" pain in the week after the operation and needed much less pain medication.

All hemorrhoidectomy patients experienced pain with their first bowel movement, but 18 percent of PPH patients experienced none at all.

"The patient recuperates much better" with PPH, Owens confirms. "The effect has been really remarkable. They're able to go back to work much sooner."