



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 04/14/15
LAST REVIEW DATE: 03/05/19
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

TRANSANAL HEMORRHOIDAL DEARTERIALIZATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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TRANSANAL HEMORRHOIDAL DEARTERIALIZATION (cont.)

Description:

Transanal hemorrhoidal dearterialization (THD), also called Doppler-guided hemorrhoidal artery ligation (DGHAL), has been investigated as a surgical technique used as an alternative to a hemorrhoidectomy to treat symptomatic hemorrhoids. The technique includes an anoscope with a Doppler probe for identification of each hemorrhoidal arterial blood supply, which is subsequently ligated. The interruption in blood flow to the hemorrhoids allows shrinkage of the tissue without surgical excision. The emborrhoid (embolization of the hemorrhoidal arteries) technique modeled after transanal DGHAL has been investigated as an additional technique for the treatment of symptomatic hemorrhoids. This technique achieves arterial occlusion via the endovascular route using coils placed in the terminal branches of the superior rectal arteries.

Criteria:

- Destruction of hemorrhoids using the following techniques is considered **experimental or investigational** based upon:
1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.

These techniques include, *but are not limited to*:

- Emborrhoid
- Transanal hemorrhoidal dearterialization

TRANSANAL HEMORRHOIDAL DEARTERIALIZATION (cont.)

Resources:

Literature reviewed 04/03/18. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 04/12/16 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Atallah S, Maharaja GK, Martin-Perez B, Burke JP, Albert MR, Larach SW. Transanal hemorrhoidal dearterialization (THD): a safe procedure for the anticoagulated patient? *Tech Coloproctol.* Jul 2016;20(7):461-466.
2. Davis BR, Lee-Kong SA, Migaly J, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Hemorrhoids. *Diseases of the colon and rectum.* Mar Aug 2018;61(3):284-292.
3. Figueiredo MN, Campos FG. Doppler-guided hemorrhoidal dearterialization/transanal hemorrhoidal dearterialization: Technical evolution and outcomes after 20 years. *World journal of gastrointestinal surgery.* Mar 27 2016;8(3):232-237.
4. Giarratano G, Toscana E, Toscana C, Petrella G, Shalaby M, Sileri P. Transanal Hemorrhoidal Dearterialization Versus Stapled Hemorrhoidopexy: Long-Term Follow-up of a Prospective Randomized Study. *Surgical innovation.* Mar 1 2018:1553350618761757.
5. Haskins IN, Holzmacher J, Obias V, Agarwal S. The Use of Transanal Hemorrhoidal Dearterialization for Treatment of Hemorrhoid Disease at a Single Institution. *Am Surg.* Dec 01 2016;82(12):1160-1162.
6. Leardi S, Pessia B, Mascio M, Piccione F, Schietroma M, Pietroletti R. Doppler-Guided Transanal Hemorrhoidal Dearterialization (DG-THD) Versus Stapled Hemorrhoidopexy (SH) in the Treatment of Third-Degree Hemorrhoids: Clinical Results at Short and Long-Term Follow-Up. *Journal of gastrointestinal surgery : official journal of the Society for Surgery of the Alimentary Tract.* Nov 2016;20(11):1886-1890.
7. Lehur PA, Didnee AS, Faucheron JL, et al. Cost-effectiveness of New Surgical Treatments for Hemorrhoidal Disease: A Multicentre Randomized Controlled Trial Comparing Transanal Doppler-guided Hemorrhoidal Artery Ligation With Mucopexy and Circular Stapled Hemorrhoidopexy. *Annals of surgery.* Nov 2016;264(5):710-716.
8. Leung ALH, Cheung TPP, Tung K, et al. A prospective randomized controlled trial evaluating the short-term outcomes of transanal hemorrhoidal dearterialization versus tissue-selecting technique. *Tech Coloproctol.* Sep 2017;21(9):737-743.

TRANSANAL HEMORRHOIDAL DEARTERIALIZATION (cont.)

Resources: (cont.)

9. Moussa N, Sielezneff I, Sapoval M, et al. Embolization of the superior rectal arteries for chronic bleeding due to haemorrhoidal disease. *Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland*. Feb 2017;19(2):194-199.
10. Ratto C, Campenni P, Papeo F, Donisi L, Litta F, Parello A. Transanal hemorrhoidal dearterialization (THD) for hemorrhoidal disease: a single-center study on 1000 consecutive cases and a review of the literature. *Tech Coloproctol*. Dec 2017;21(12):953-962.
11. Trenti L, Biondo S, Galvez A, Bravo A, Cabrera J, Kreisler E. Distal Doppler-guided transanal hemorrhoidal dearterialization with mucopexy versus conventional hemorrhoidectomy for grade III and IV hemorrhoids: postoperative morbidity and long-term outcomes. *Tech Coloproctol*. May 2017;21(5):337-344.
12. Tsunoda A, Takahashi T, Kusanagi H. A prospective randomized trial of transanal hemorrhoidal dearterialization with mucopexy versus ultrasonic scalpel hemorrhoidectomy for grade III hemorrhoids. *Tech Coloproctol*. Aug 2017;21(8):657-665.
13. UpToDate.com. Outpatient and surgical procedures for hemorrhoids. 03/23/2015, 05/02/2014.
14. UpToDate.com. Surgical Treatment of Hemorrhoidal Disease. 01/03/2018, 11/14/2016.
15. Venturi M, Salamina G, Vergani C. Stapled anopexy versus transanal hemorrhoidal dearterialization for hemorrhoidal disease: a three-year follow-up from a randomized study. *Minerva chirurgica*. Dec 2016;71(6):365-371.
16. Xu L, Chen H, Lin G, Ge Q, Qi H, He X. Transanal hemorrhoidal dearterialization with mucopexy versus open hemorrhoidectomy in the treatment of hemorrhoids: a meta-analysis of randomized control trials. *Tech Coloproctol*. Dec 2016;20(12):825-833.
17. Yilmaz I, Ozgur Karakas D, Sucullu I. Long-term Results of Hemorrhoidal Artery Ligation. *Am Surg*. Mar 2016;82(3):216-220.
18. Zakharchenko A, Kaitoukov Y, Vinnik Y, et al. Safety and efficacy of superior rectal artery embolization with particles and metallic coils for the treatment of hemorrhoids (Emborrhoid technique). *Diagn Interv Imaging*. Nov 2016;97(11):1079-1084.
19. Zhai M, Zhang YA, Wang ZY, et al. A Randomized Controlled Trial Comparing Suture-Fixation Mucopexy and Doppler-Guided Hemorrhoidal Artery Ligation in Patients with Grade III Hemorrhoids. *Gastroenterology research and practice*.2016:8143703.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

