

Hemorrhoidectomy via Rubber Band

2009 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing hemorrhoidectomy via simple (e.g., rubber band) ligation.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>), and contact their carrier's medical director (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

The Current Procedural Terminology (CPT®) code used to describe rubber band ligation of hemorrhoids is:

46221 Hemorrhoidectomy, by simple ligature (eg, rubber band)

Coding Conventions

46221 should be reported one time per session, regardless of the number of hemorrhoids ligated.

CPT Assistant suggests that if a proctosigmoidoscopy or anoscopy are performed in preparation for the ligation procedure, these procedures should be coded separately in addition to the rubber band.

National Correct Coding Initiative (NCCI)

The Centers for Medicare and Medicaid Services (CMS) "developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B Claims."¹ Most payers today apply the NCCI edits to the adjudication of medical claims to avoid costly procedure unbundling (unbundling - when multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code). Correct coding convention dictates "procedures should be reported with the HCPCS/CPT codes that most comprehensively describe the services performed."²

Codes assigned edits may or may not be paid separately in accordance with correct coding convention of the Medicare Physician's Fee Schedule.

1. National Correct Coding Initiative Policy Manual for Medicare Services Version 14.3, pg viii
2. National Correct Coding Initiative Policy Manual for Medicare Services Version 14.3, pg xi

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Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources which may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Payment

2009 Medicare National Average Reimbursement for Hemorrhoidal Band Ligation

Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment ¹	APC	Facility Payment (National Medicare Avg) ²	Fee When Performed in the Hospital or ASC (National Medicare Avg) ³	Fee When Performed in the Office (National Medicare Avg) ³
46221	Hemorrhoidectomy, by simple ligature (e.g., rubber band)	\$124.07	0148	\$386.60	\$161.58	\$215.68

1. 2009 Medicare Ambulatory Surgery Center Fee Schedule
2. 2009 Medicare Outpatient Prospective Payment System (OPPS) Fee Schedule
3. 2009 Medicare Physician Fee Schedule

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2009 physician fees for your local area can be found at the following CMS links:

http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp#TopOfPage

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>



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