

# Hemorrhoidectomy via Rubber Band

## 2019 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 (eg, rubber band) ligation. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at [reimbursement@cookmedical.com](mailto:reimbursement@cookmedical.com).

### 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 carriers' medical directors ([www.cms.gov/apps/contacts](http://www.cms.gov/apps/contacts)) or commercial insurers to determine if a procedure is covered.

### Coding

The following Current Procedural Terminology (CPT) codes may be used to report hemorrhoidal band ligation procedures:

45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids) (Do not report 45350 in conjunction with 45334 for the same lesion) (Do not report 45350 in conjunction with 45330, 45349, 46221) (Do not report 45350 more than once per session) (To report control of active bleeding with band ligation(s), use 45334)
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) (Do not report 45398 in conjunction with 45382 for the same lesion) (Do not report 45398 in conjunction with 45378, 45390, 46221) (Do not report 45398 more than once per session) (To report control of active bleeding with band ligation(s), use 45382)
46221	Hemorrhoidectomy, internal, by rubber band ligation(s) (Do not report 46221 in conjunction with 45350, 45398)

### Payment

#### 2019 Medicare Reimbursement for Hemorrhoidal Band Ligation

CPT Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg <sup>1</sup> )	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Procedure Is Performed in Office (National Medicare Avg <sup>3</sup> )
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	\$504.47	5312	\$979.79	\$105.95	\$590.68
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	\$504.47	5312	\$979.79	\$247.95	\$752.14
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	\$181.98	5311	\$744.89	\$198.58	\$280.02

<sup>1</sup> 2019 Medicare Ambulatory Fee Schedule

<sup>2</sup> 2019 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup> 2019 Medicare Physician Fee Schedule

2019 physician fees for your local area can be found at the following CMS links:

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

