

# Hemorrhoidectomy via Rubber Band

## 2021 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

#### 2021 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)	\$524.00	5312	\$1,036.96	\$102.24	\$717.05
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	\$524.00	5312	\$1,036.96	\$239.02	\$880.35
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	\$206.22	5311	\$793.65	\$199.59	\$300.08

<sup>1</sup> 2021 Medicare Ambulatory Fee Schedule

<sup>2</sup> 2021 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup> 2021 Medicare Physician Fee Schedule

2021 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>



*Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; 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 you are making coding decisions, we encourage you to seek input from the AMA, 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.*