About Hemorrhoid Rubber Band Ligation

Coding for in-office hemorrhoid rubber band ligation can be confusing. This guide was developed to help assist you when billing for the Nexus[™] Ligator System. Hemorrhoid banding is a procedure that involves placing a rubber band on to the base of the hemorrhoidal tissue, reducing the blood supply. This procedure may require two or three treatments to resolve the patient's hemorrhoids.

Coding:

- The suggested CPT code is 46221; Hemorrhoidectomy, internal, by rubber band ligation(s).
- For each hemorrhoid banding secession CPT 46221 should only be reported once, regardless of how many hemorrhoids are ligated. The patient does not have to return at fixed intervals for further ligation.
- If billing for an anoscopy, (CPT 46200), please be aware that this is always bundled with the procedure. There is no additional modifier to change this.

Global Period:

• Hemorrhoidectomy (CPT 46221) has a "global period" of 10 days per banding procedure, and therefore it is recommended bringing the patient back after two weeks for additional bandings if needed.

Office Visit and E&M Coding:

- If you see the patient in the office for an initial visit, you can code and charge for the office visit as well as the banding procedure. It is recommended to use modifier 25 to indicate it is a separate service. If there is a secondary diagnosis associated with their visit (anal spasm, anal fissure, IBS, constipation, diarrhea, etc.) apply modifier 25 when submitting the claim.
- 99213 Level III Office Visit
- 99214 Level IV Office Visit

2021 CMS NATIONAL AVERAGES*

СРТ	Reimbursement	Work RVUs
46221	\$300.08	2.36

Payer Reimbursement:

- 2021 Medicare National Average: \$300.08 (non-facility) and \$199.59 (facility)
- 2021 Work RVU's 2.36
- We cannot determine what your *typical* reimbursement will be based on the variability of insurance plans and contracts. We recommend you review your negotiated contract or insurance plan to determine what your expected reimbursement for these CPT codes will be.

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