

## Simplified CPT Coding and Billing Guidelines for Hemorrhoid Banding

### 1. Common CPT Codes

- 46221: Rubber banding for hemorrhoids
- 46600: Anoscopy (use modifier 59 if billed with 46221)
- 45300: Proctoscopy (use modifier 59 if billed with 46221)
- A4550: Surgical supply tray
- Office Visits: 99201–99205, 99211–99215, 99241–99245 (use modifier 25 when billing with a procedure)

### 2. Global Period

CPT 46221 has a 10-day global period. Count 12 days from the procedure date for safety. Treat only one hemorrhoid per visit, usually with two-week gaps between treatments.

### 3. Anoscopy Billing

You can bill both anoscopy and ligation, but Medicare and many insurers won't pay for both. Some private insurers may reimburse both if modifier 59 is used.

### 4. Surgical Tray Billing

You can bill A4550 in an office setting, but many insurers won't pay for it. Check with each insurer to know their policy.

### 5. Office Visit Billing

If the visit also addresses other issues (e.g., anal fissure, IBS, constipation), you can bill the visit separately from the banding with modifier 25.

### 6. Procedure Locations

The ligation can be done in the office, surgery center, or during a colonoscopy and is reimbursable in each.

### 7. ASC Facility Billing

If done in a surgery center (ASC), make sure CPT 46221 is approved by the insurer. Most do, but TRICARE doesn't allow it in facilities.

## 8. Setting a Standard Charge

Set your standard fee higher than your top insurance reimbursement. On average, CPT 46221 is billed to Medicare for around \$400.



## 9. Cash Pay Rates

Cash prices vary by practice. Some charge the full rate, others offer 50% or more off, especially for upfront payments.

## 10. Insurance Payments

Because rates differ, check your contracts or call insurers to find out how much they will reimburse for these codes.

## 11. Pre-Authorization

Usually not needed, but check each patient's insurance before their first visit, as some plans may require it.

### **Disclaimer:**

This document is meant to provide general guidance on the reimbursement process. It is not intended to guarantee or influence reimbursement from any insurer. Providers should always check with their specific payors to understand local reimbursement rules. The content is for informational purposes only and does not represent a promise or guarantee from LHC Power Bander LLC regarding payment amounts, coverage, or billing codes. CPT, HCPCS, and ICD-9 codes listed are examples only and may not apply in every case. It is the healthcare provider's responsibility to verify proper coding with their Medicare contractors, intermediaries, and private insurers.