Striking a balance

Incorporating hemorrhoid banding into your practice can help you offset declining reimbursements.

By Shaun Gerrits

In an effort to offset declining reimbursements, many gastroenterologists are now considering the introduction of new ancillary revenue streams. While ancillary services such as anesthesia, imaging, infusion, pharmacy, research and pathology require a critical mass of procedures—in addition to expertise and financial resources to establish—hemorrhoid banding can involve no capital expense and be implemented by a GI practice of any size.

Tapping in to the Market for Hemorrhoid Banding

Seventy-five percent of people will experience hemorrhoid symptoms at some point in their lives, according to data published in 2006 in *The Gale Encyclopedia of Medicine* (3rd edition).[i] A 2011 study published in *Colorectal Disease* demonstrated that 39 percent of screening colonoscopies revealed significant hemorrhoids, with 45 percent of those patients suffering from hemorrhoidal symptoms.[ii] With an aging population, the number of patients with symptomatic hemorrhoids will continue to grow.

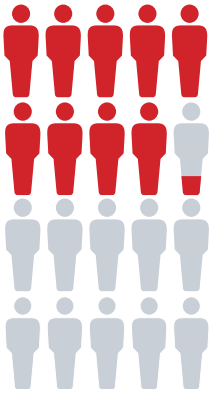
In many GI practices, hemorrhoids are underdiagnosed for a few common reasons:

- Patients are often embarrassed to bring up hemorrhoid symptoms to their provider. If they do, many providers tell patients they are "just hemorrhoids" and limit them to conservative treatment options.
- Most patients have hemorrhoid symptoms that are episodic in nature and therefore not acutely symptomatic at the time of their visit.
- Because definitive hemorrhoid treatment has historically been more problematic than the disease itself, many patients have opted for treatments that target hemorrhoid symptoms but not the underlying disease. Patients become accustomed to living with hemorrhoids not realizing there are painless, nonsurgical options available.

Reimbursements for Banding

Procedure	CPT Code	Location	Procedure Time	Revenue Per Hour
Hemorrhoid Ligation	46221	Office	12 minutes	$1,369.80
Hemorrhoid Ligation	46221	ASC	12 minutes	$1,888.20*
Upper Endoscopy	43235	ASC	30 minutes	$1,015.80*
Colonoscopy	45378	ASC	30 minutes	$1,112.40*

*Includes procedural and facility fees
Revenue for rubber band ligation, upper endoscopy and colonoscopy as compared per unit of time. Rates based on 2018 Medicare national averages.



46 percent
of hemorrhoid diagnoses are missed during colonoscopy in retroflexion.

To overcome these factors, implement processes around the diagnosis and scheduling of hemorrhoid patients:

- Incorporate hemorrhoid symptoms as part of your intake process, and be proactive in discussing treatment options with anyone suffering from symptoms.
- Explain to patients that you offer a procedure that is quick, safe and effective, and does not require prep or sedation.
- Don't just consider your most severely symptomatic patients. Even patients with mild to moderate disease can significantly benefit from a definitive treatment option.
- Look for patients with itching, swelling, soiling, prolapse and rectal bleeding.
- Consider patients complaining of what they believe are external symptoms. The majority of patients' symptoms are a result of internal disease of which they are unaware.
- If your practice faces capacity issues, train advanced practitioners to provide this service.

Understanding the Financial Impact of Hemorrhoid Banding

Given the prevalence of symptomatic hemorrhoids as well as favorable reimbursement, hemorrhoid banding can have a significant financial impact. On an hourly basis, hemorrhoid banding reimburses higher than endoscopic procedures including colonoscopy.

When you consider the abundance of hemorrhoid patients, the diagnosis rate through screening colonoscopy (18 percent, according to the 2011 study published in *Colorectal Disease*) and the hemorrhoid diagnoses missed during colonoscopy in retroflexion (46 percent, according to a study in the *Journal of Clinical Gastroenterology*[iii]), a conservative measure of potential patients for hemorrhoid treatment in a GI practice is 20 percent of colonoscopy volume.

Many patients will come from sources outside of colonoscopy, but 20 percent provides a guide to gauge the financial impact that hemorrhoid banding can have.

The average GI practice is already seeing a large number of symptomatic hemorrhoid patients, and implementing processes to identify and educate suitable patients will benefit patients and the bottom line.

[i] Baker H. Hemorrhoids. In: Longe JL, ed. *Gale Encyclopedia of Medicine,* 3rd ed. Detroit: Gale; 2006: 1766–1769
[ii] Riss S, Weiser FA, Riss T, Schwameis K, Mittlbock M, Stift, A. Haemorrhoids and quality of life. *Colorectal Disease,* 2011 Apr;13(4):48-52
[iii] Kelly SM, Sanowski RA, Foutch PG, et al. A Prospective Comparison of Anoscopy and Fiberendoscopy in Detecting Anal Lesions. *Journal of Clinical Gastroenterology,* Vol. 8, No. 6, 1989

About the CRH O'Regan System

The CRH O'Regan System for hemorrhoid banding can be performed in the office or the ambulatory surgery center (ASC). There are no special tables, monitoring equipment or capital expenditures; all materials required for the procedure are disposable. Appointments are typically 10–15 minutes. The complication rate for the system is less than 1 percent and includes pain and bleeding. CRH Medical provides free physician-to-physician training at the GI practice on the technical aspect of utilizing the technology as well as on the diagnosis and treatment of anorectal health issues.

SHAUN GERRITS is the Vice President of Business Development for CRH Medical Corporation. CRH is dedicated to bringing innovative solutions to GI practices across the country and delivering the highest level of service. To schedule training or to learn more, visit **physicians.crhsystem.com** or call 800-660-2153 x2.