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MP.114.MPC – High Resolution Anoscopy

Maryland Physicians Care considers **High-Resolution Anoscopy (HRA)** medically necessary for members Referred for HRA have both of the following criteria:

1. Part of patient population at increased risk for anal cancer including *any* of the following:
    a. Men having sex with men (MSM) or
    b. Men and women with HIV disease or
    c. Women with a history of high-grade genital dysplasia (cervical, vaginal and vulvar) or
    d. HPV patients especially those with a history of genital warts, either internal or external or
    e. Solid organ transplant recipients who are immunosuppressed or
    f. Long-term corticosteroid users or
    g. Smokers
2. Anal cytology findings of *any* of the following:
    a. ASC-US (atypical squamous cells of undetermined significance) = AIN I, or
    b. LSIL (low-grade squamous intraepithelial lesion) = AIN I, or
    c. ASC-H (atypical squamous cell, cannot rule out a high grade lesion) = AIN II, or
    d. HSIL (high-grade squamous intraepithelial lesion) = AIN II or III

HRA referrals for anal symptoms suspicious of dysplastic progression in which anal cytopathology is not available will be reviewed on a case-by-case basis.
These include members with either of the following conditions:

1. Solid organ transplant candidates who are immunosuppressed
2. Women with high grade genital dysplasias or history of vulvar and cervical cancer

Frequency of follow-up with HRA generally includes the following:

1. Normal findings – repeat cytology in 1 year
2. ASC-US, LSIL, ASC-H, or HSIL
    - Patients with AIN I can be followed up every 6 -12 months
    - Patients with AIN II or III - therapy is recommended with follow-up in 6 months post therapy

Limitations

- HRA is **not covered** for routine screening (only indicated for diagnostic use – after abnormality detected during screening)
- Coverage of this procedure is limited to physicians or advanced practice clinicians who have completed comprehensive training in HRA such as provided through the ASCCP/AMC (AIDS Malignancy Consortium)/ACTG (Adult AIDS Clinical Trials Group) High Resolution Anoscopy (HRA) certification process.
- Coverage of HRA, when performed in conjunction with treatment/destruction of the anal dysplastic lesions, will be considered global to the primary procedure.

Background

Anal dysplasia, caused by the human papillomavirus (HPV), is defined as abnormal cells or lesions in the lining of the anal canal. Although the incidence of anal cancer is low in the United States, if it is detected early it can be treated successfully. The incidence varies depending on the presence of risk factors such as multiple sex partners, HPV and/or HIV infection, receptive anal intercourse, history of anal warts, STIs and/or fissures, being over 50 years old, women with a history of cervical cancer, and smoking cigarettes.

High-resolution anoscopy (HRA) is a minimally invasive procedure for more detailed identification, management and treatment of anal dysplasia in high-risk populations. During the HRA procedure, a lubricated anoscope is inserted into the anal canal. A cotton swab wrapped in gauze and soaked in 3-percent acetic acid is then inserted through the anoscope, and the anoscope is removed, leaving the gauze in place. The acetic acid gives dysplastic epithelium a white appearance. After two minutes, the gauze is removed and the anoscope reinserted. A high-resolution colposcope (magnification of 10x to 40x) is used to view the walls of the anus. A biopsy of suspicious tissue can be taken. The procedure is generally performed in an office setting in either a bent over or lying position and usually takes approximately 15 minutes.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

44607*	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
***Considered Non-covered unless part of a NIH-certified study subject to medical necessity review.**	
ICD-10 codes covered if selection criteria are met:	
A63.0	Anogenital (venereal) warts
B20	Human immunodeficiency virus (HIV) disease
B97.35	Human immunodeficiency virus, type 2 (HIV 2)
B97.7	Papillomavirus as the cause of diseases classified elsewhere
C20-C21.8	Malignant neoplasm of rectum, anal canal, and anus
D12.8-D12.9	Benign neoplasm of rectum, anus, and anal canal
D01.3	Carcinoma in situ of anus and anal canal
K62.0-K62.1	Anal and rectal polyp
K62.5	Hemorrhage of anus and rectum
K62.6	Ulcer of anus and rectum
K62.81	Anal Sphincter tear (healed) (nontraumatic) (old)
K62.82	Dysplasia of anus
K62.89	Other specified diseases of anus and rectum
N87.0-N87.9	Dysplasia of cervix
N89.0-N89.3	Dysplasia of vagina
R85.6-R85.619	Abnormal cytologic smear of anus
R85.81-R85.82	Anal high-low risk human papillomavirus (HPV) DNA test positive
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z79.51-Z79.52	Long-term use (current) of steroids
Z87.410	Personal history of cervical dysplasia
Z87.411	Personal history of vaginal dysplasia
Z87.412	Personal history of vulvar dysplasia
Z94.0-Z94.9	Organ or tissue replaced by transplant

Z95.3	Presence of xenogenic heart valve

References

1. Boston Medical Center Obstetrics & Gynecology. Anal Dysplasia and Anal Cancer. https://www.bmc.org/obgyn/services/specialprograms-anal-cancer-dysplasia.htm
2. Centers of Medicare and Medicaid Services (CMS). Local coverage article: Coverage for High Resolution Anoscopy A53408. (Palmetto GBA): Revision Effective Date 02/26/2018 . https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=53408&ver=11&Date=01%2f29%2f2019&DocID=A53408&bc=hAAAABAAAAAA&
3. Department of Health & Human Services (HHS). Agency for Healthcare Research and Quality (AHRQ). National Guideline Clearinghouse (NGC). Screening for Cervical Cancer NGC-9372. Last Updated: August, 2018. https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/section2a.html#Cervical
4. Gimenez F., Costa-e-Silva,IT, Daumas A, et al. The value of high-resolutions anoscopy in the diagnosis of anal cancer precursor lesions in HIV-positive patients. Arq Gastroenterol. 2011 Jan; 48(2):136-145. http://www.scielo.br/pdf/ag/v48n2/a10v48n2.pdf
5. Hayes Medical Technology Directory. High-Resolution Anoscopy for the Evaluation of Anal Lesions. Annual Review October 31, 2018. Archived December 6, 2019.
6. Steele SR, Varma MG, Melton GB, et al. Practice parameters for anal squamous neoplasms (Standards Practice Task Force of the American Society of Colon and Rectal Surgeons). Dis Colon Rectum. 2012 Jul; 55(7): 735-749. https://www.ncbi.nlm.nih.gov/pubmed/22706125
7. U.S. Department of Health & Human Services (HHS): Health Resources and Services Administration. HIV/AIDS Bureau: Guide for HIV/AIDS Clinical Care - Section 6: Comorbidities and Complications- Anal Dysplasia. January 2011. https://aidsetc.org/sites/default/files/resources_files/CM_Jan2011%20(1).pdf
8. U.S. Department of Health & Human Services (HHS). Agency for Health Research and Quality (AHRQ): National Guideline Clearinghouse (NGC): Primary care approach to the HIV-infected patient. NGC-8648- Last updated: October 27, 2011. http://www.guideline.gov/content.aspx?id=34268
9. United States Department of Veterans Affairs: VA National HIV/AIDS Website. Anal dysplasia. Primary care of veterans with HIV. Updated in 2019. https://www.hiv.va.gov/provider/manual-primary-care/index.asp

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