

MP.114.MPC High Resolution Anoscopy

Maryland Physicians Care considers **High-Resolution Anoscopy (HRA)** medically necessary for the following indications ⁽¹⁾:

- Initial evaluation of rectal bleeding (hemorrhoids, proctitis, neoplasm)
- To obtain cytology samples to screen for anal squamous lesions, particularly in high-risk patients with HIV infection)
- Evaluation of intra-anal condyloma
- Anal/perianal pain (thrombosed hemorrhoids, fissures)
- Anal fistula
- Evaluation of anal trauma
- Mass palpated on digital rectal examination (DRE)
- Perianal itching
- Abdominal pain
- Change in bowel habit
- Anal discharge/prolapse
- Retrieval of foreign body
- Evaluation of fecal impaction
- Treatment of prolapsing hemorrhoids by rubber band ligation (using a slotted anoscope)
- Post-treatment surveillance for anal carcinoma ⁽²⁾

Contraindications ⁽¹⁾

- Patient inability to tolerate the examination due to discomfort, apprehension, significant active bleeding
- Presence of a known mass which could be damaged, bleed, or irritated by the introduction of the rigid anoscope

Referral

Immediate referral for HRA is recommended for individuals with ⁽³⁾:

- Anal cytology with findings of **ANY** of the following:
 - ASC-US (atypical squamous cells of undetermined significance) or worse (ASC-US+)
 - ASC-H (atypical squamous cell, cannot rule out a high-grade lesion)
 - HSIL (high-grade squamous intraepithelial lesion)
 - LSIL (low-grade squamous intraepithelial lesion) with high-risk Human Papillomavirus (hrHPV) positive test
 - LSIL with negative test for hrHPV
- hrHPV testing (HpV16 genotyping) with findings of **ANY** of the following:

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Last Review Date: 08/21/2025

Effective Date: 09/01/2025

- hrHPV positive
- hrHPV positive test results with ASC-US+ cytology
- hrHPV positive with negative for intraepithelial lesion or malignancy (NILM) cytology
- HPV16 positive, regardless of cytological diagnosis
- Cytology and hrHPV co-testing with findings of **ANY** of the following:
 - ASC-US+ cytology and hrHPV positive test
 - ASC-H or HSIL cytology, regardless of hrHPV result
 - HPV16 positive, regardless of cytology
 - NILM cytology with hrHPV positive
 - LSIL cytology with hrHPV negative

If ≥ 6 months wait for HRA referral (defined as low HRA capacity) in patients with abnormal screening test, follow-up screening is recommended as below ⁽³⁾:

- Cytology as primary screening test, with or without triage test, resulting:
 - NILM:
 - Repeat 12–24 months
 - ASC-US or worse (ASC-US)/LSIL:
 - Repeat 12 months
 - ASC-US/hrHPV negative:
 - Repeat 24 months
 - LSIL/hrHPV-negative:
 - Repeat 12 months
 - ASC-US/LSIL/hrHPV positive (non 16):
 - Repeat 12 months
- hrHPV testing (HpV16 genotyping) as primary screening, with or without triage test, resulting:
 - hrHPV negative:
 - Repeat 24 months
 - hrHPV positive (non16):
 - Repeat 12 months
 - NILM/hrHPV positive [hrHPV positive (non16)]:
 - Repeat 12 months
 - ASC-US or worse/LSIL/hrHPV positive (non16):
 - Repeat 12 months
- Cytology/hrHPV co-testing [HPV16 genotyping]:
 - NILM/hrHPV negative:
 - Repeat 24 months
 - ASC-US/hrHPV negative:
 - Repeat 24 months
 - NILM/hrHPV positive [NILM/hrHPV positive (non16)]:

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- Repeat 12 months
- LSIL/hrHPV negative:
 - Repeat 12–24 months
- ASC-US/LSIL/hrHPV positive (non16):
 - Repeat 12 months

High-Risk Population

- Patient population at increased risk for anal cancer including **ANY** of the following ⁽³⁾:
 - Sexual related acquired disease
 - Men and women with HIV disease
 - Patient with a history of cervical/vulvar high-grade squamous intraepithelial lesion (HSIL) or cervical/vulvar cancer
 - HPV patients especially those with a history of genital warts, either internal or external or with persistent cervical HPV16
 - Solid organ transplant recipients
 - Patients with other immunosuppression (e.g., Rheumatoid arthritis, Lupus, Crohn's, Ulcerative colitis, on systemic steroid therapy)

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

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.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
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CPT Codes

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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
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
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
R85.610-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

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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. London S, Hoilat GJ, Tichauer MB. Anoscopy. StatPearls. Published online August 28, 2023.
<https://www.ncbi.nlm.nih.gov/sites/books/NBK459324/>
2. Referenced with permission from the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Anal Carcinoma Version 4.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. To view the most recent and complete version of the guideline, go online to NCCN.org. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf
3. Stier EA, Clarke MA, Deshmukh AA, et al. International Anal Neoplasia Society's consensus guidelines for anal cancer screening. Int J Cancer. 2024;154(10):1694-1702. doi:10.1002/ijc.34850.
<https://pubmed.ncbi.nlm.nih.gov/38297406/>

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