

High Resolution Anoscopy

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Related Medicare Advantage Coverage Summary

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Policy Summary

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Overview

High-Resolution Anoscopy (HRA) is analogous to cervical colposcopy. During HRA, a lubricated anoscope is inserted into the anal canal. A cotton swab wrapped in gauze and soaked in 3% 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 2 minutes, the gauze is removed and the anoscope re-inserted. 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.

Anal squamous dysplasia describes a spectrum of diseases that ranges from low-grade squamous intraepithelial lesions to (LSIL) to higher grade squamous lesions (HGSIL) or to invasive anal squamous cell carcinoma (SCC). Recent reports have shown a significant increase in squamous lesions in immunocompromised individuals and men who have sex with men (MSM). These lesions are associated with chronic infection with the human papillomavirus (HPV).

Guidelines

HRA with collection of specimens and HRA with biopsy(ies) coverage is based upon the existing Local Coverage Determination (LCD) for the jurisdiction in which the procedure is performed.

HRA with collection of specimens and HRA with biopsy(ies) will only be covered for patients with abnormalities on anoscopy, abnormalities in digital rectal examination, history of HPV related anal disease or abnormalities in anorectal cytology.

Current evidence does not support coverage for routine screening in any population at this time. The clinical chart must have documentation of the abnormalities described above.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (e.g., 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) (e.g., colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

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References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33777 Noncovered Services	A57743 Billing and Coding: Noncovered Services	First Coast	FL, PR, VI	FL, PR, VI
N/A	A53408 Coverage for High Resolution Anoscopy	Palmetto		AL, GA, NC, SC, TN, VA, WV

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
07/08/2020	Applicable Codes <ul style="list-style-type: none"> Removed list of applicable ICD-10 diagnosis codes: D01.3, K62.82, R85.610, R85.611, R85.612, R85.613, R85.614, R85.618, R85.619, R85.81, R85.82, and Z85.048 Supporting Information <ul style="list-style-type: none"> Archived previous policy version MPG133.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).