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MEDICAL POLICY – 2.01.539

High-Resolution Anoscopy

Ref. Policy: MP-114

Effective Date:	July 1, 2024	RELATED MEDICAL POLICIES:
Last Revised:	June 24, 2024	None
Replaces:	N/A	

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Introduction

Anal dysplasia is when the lining of the anal canal contains abnormal cells or tissue growths (lesions). Anal dysplasia is caused by the human papilloma virus (HPV) and can lead to anal cancer. High-resolution anoscopy (HRA) is a minimally invasive way to identify, manage, and treat anal dysplasia. A lubricated anoscope containing a cotton swab wrapped in gauze and soaked in acetic acid is inserted into the anus to help find any abnormal cells that may turn into cancer. This policy describes when high-resolution anoscopy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Procedure	Medical Necessity
High-resolution anoscopy (HRA)	**HRA may be considered medically necessary for individuals referred for HRA for both of the following criteria:**

Procedure	Medical Necessity

	• Part of individual population at increased risk for anal cancer including any of the following:
	  ○ Men having sex with men, or
	  ○ Men and women with human immunodeficiency virus disease, or
	  ○ Women with a history of high-grade genital dysplasia (cervical, vaginal and vulvar), or
	  ○ Human papillomavirus individuals especially those with a history of genital warts, either internal or external, or
	  ○ Solid organ transplant recipients who are immunosuppressed, or
	  ○ Long-term corticosteroid users, or
	  ○ Smokers
	• Anal cytology findings of any of the following:
	  ○ ASC-US (atypical squamous cells of undetermined significance) = AIN I, or
	  ○ LSIL (low-grade squamous intraepithelial lesion) = AIN I, or
	  ○ ASC-H (atypical squamous cell, cannot rule out a high-grade lesion) = AIN II, or
	  ○ 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 individuals with either of the following conditions:
	  ○ Solid organ transplant candidates who are immunosuppressed
	  ○ Women with high grade genital dysplasias or history of vulvar and cervical cancer
	
	Frequency of follow-up with HRA generally includes the following:
	• Normal findings – repeat cytology in 1 year
	• ASC-US, LSIL, ASC-H, or HSIL

Procedure	Medical Necessity
	○ Individuals with AIN I can be followed up every 6 -12 months ○ Individuals with AIN II or III - therapy is recommended with follow-up in 6 months post therapy **Note:** See Related Information below for **Limitations**

Coding

Code	Description
CPT	
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
ICD-10 Diagnosis 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

Code	Description
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

Related Information

Limitations

- High Resolution Anoscopy (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) 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.

Evidence Review

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, sexually transmitted infections 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.

References

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2. 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**. Accessed May 21, 2024.
3. 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. **https://pubmed.ncbi.nlm.nih.gov/21709956/**. Accessed May 21, 2024.
4. 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**. Accessed May 21, 2024.

5. 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**. Accessed May 21, 2024.

6. 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**. Accessed May 21, 2024.

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. High-resolution anoscopy (HRA) may be considered medically necessary for patients referred for HRA who have both an increased risk for anal cancer and anal cytology findings when criteria are met.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statement, references updated.
05/01/21	Annual Review, approved April 1, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 13, 2022. No changes to policy statement, references updated.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement, references updated.
07/01/24	Annual Review, approved June 24, 2024. No changes to policy statement, references updated.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.