



HIGH RESOLUTION ANOSCOPY 2020 Coding & Reimbursement Considerations

High Resolution Anoscopy (HRA) is a procedure performed by colon and rectal specialists to aid in the diagnosis of suspicious anal lesions in patients presenting with abnormal anal physical findings, such as but not limited to anogenital warts, hypo-pigmented plaques, lesions that bleed, and/or any other lesions of uncertain etiology. To help answer common coding and reimbursement questions, the following information is shared for educational and strategic planning purposes only. While THD believes this information to be correct, coding and reimbursement decisions are subject to change without notice. As a result, providers are encouraged to speak regularly with their payers.

FDA REGULATORY CLEARANCES: 510(K) clearance from the U.S. Food and Drug Administration (FDA) granted to THD's anoscopes includes K121135 (2012), K103647 (2011), K091490 (2009), and K080132 (2008).

PRODUCT DESCRIPTION: Traditional high resolution anoscopy requires a colonoscope; a separate attachment for the camera; a monitor; a computer to store the images and software for image management. In contrast, THD's compact Procto-Station provides high definition images of the anal canal by combining a handheld HD camera with a touchscreen Dell computer. Advantages of the THD Procto-Station are numerous and include:

- Facility efficiencies
- Procedural versatility
- Examiner ergonomics

CLINICAL SIGNIFICANCE: The incidence of anal cancer is increasing. Risk factors include human papillomavirus (HPV) and human immunodeficiency virus (HIV); lifetime number of sexual partners; genital warts; receptive anal intercourse, and immunosuppressive therapy. In addition, improved survival of HIV positive patients has contributed to the increased incidence of squamous cell cancer of the anus. Screening for squamous cell cancer of the anus starts with an anal Pap test, followed by high resolution anoscopy (HRA) if the results are positive (H-SIL) or suspicious (ASCUS). Unfortunately, the sensitivity of anal Pap test is only about 80%, meaning that about 20% of lesions remain undetected. High resolution anoscopy has a higher sensitivity, but the test is not widely accessible because of the low number of available providers.

PAYER PERSPECTIVE: Per Medicare Contractor Palmetto GBA Local Coverage Article (A53408), "CPT codes 46601 and 46607 will be covered for patients with abnormalities on anoscopy, abnormalities in digital rectal examination, history of HPV-related anal disease or abnormalities in anorectal cytology". Additional information about medical necessity is available upon request.

CODING CONSIDERATIONS: Codes provide a uniform language for describing services performed by healthcare providers. The actual selection of codes depends upon details documented in the patient's medical record and is the sole responsibility of the healthcare provider to correctly prepare claims submitted to insurance carriers.



ICD-10 Diagnosis Codes may include, but not limited to:

Code	Description
D01.3	Carcinoma in situ of anus and anal canal
K62.82	Dysplasia of anus
R85.612	Low grade squamous intraepithelial lesion on cytologic smear of anus (LGSIL)
R85.614	Cytologic evidence of malignancy on smear of anus
R85.81	Anal high risk human papillomavirus (HPV) DNA test positive

Source: United Healthcare Medicare Advantage “High Resolution Anoscopy” medical policy MPG133.05

Physician’s Professional Component for HRA include:

CPT®	Definition
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46601	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	With high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

Source: AMA CPT 2020 Professional Edition

Clinical practice may include other services that are left to the physician’s determination and documentation.

CMS 2020 Physician Fee Schedule

CPT ¹ / HCPCS	Description	Work RVUs ²	Non- Facility PE RVUs ²	Facility PE RVUs ²	Mal- Practice RVUs ²	Total Non- Facility RVUs ²	Total Facility RVUs ²	\$ NON- Facility	\$ FACILITY
46600	Diagnostic anoscopy spx	0.55	2.30	0.53	0.09	2.94	1.17	\$106.10	\$42.22
46601	HRA Diagnostic anoscopy	1.60	2.31	0.92	0.19	4.10	2.71	\$147.97	\$97.80
46607	HRA anoscopy with biopsy	2.20	3.27	1.17	0.28	5.75	3.65	\$207.52	\$131.73

Source: CMS CY2020 PFS, final rule. Conversion Factor= \$36.0896

CMS 2020 Hospital Outpatient Prospective Payment System & Ambulatory Surgery Center (ASC)

CPT	Short Descriptor	APC	Description	HOPPS	ASC
46600	Diagnostic anoscopy spx	5734	Level 4 Minor Procedures	\$109.02	N1
46601	HRA Diagnostic anoscopy	5733	Level 3 Minor Procedures	\$109.02	N1
46607	HRA anoscopy with biopsy	5312	Level 2 Lower GI Procedures	\$1,004.10	\$507.42

Source: CMS 2020 HOPPS final rule

For more information, please speak with your THD sales professional.