



Medical Policies



Policy Number: M-76

Policy Name: High Resolution Anoscopy (HRA)

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Diagnostic Medical

End Date: 11-02-2025

Description

High Resolution Anoscopy (HRA) also known as colposcopy of the anal canal is a procedure used in the treatment and surveillance of anal dysplasia and the prevention of anal cancer. It is performed on individuals with an abnormal anal cytology or anal Pap test. Anal Pap tests are obtained on individuals who are at risk for genital or anal human papillomavirus (HPV) infections, even in the absence of signs or symptoms of infection.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

NoSuchKey The specified key does not exist.policies/bcbsnd/M-76/v007B/criteriaText.txtYXZYH9ZZVZ4J3WN3IBubFLo5TPWteR3jvPnE2o9XfX/TWyxDbakSe4aYSOoBTbFryKSKQyPa3tmDQ3ge96v+T6Omyzg=

NoSuchKey The specified key does not exist.policies/bcbsnd/M-76/vv007b/content.txtYXZVJPXZVXCP0V2Ynla8QjlCnJSiPfFazkq487z517igsKPylkKvQPlprZz69Po7agc2Lf4X1Aru56oMxXOeL44zX2k=

Diagnosis Codes

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|---------|---------|---------|---------|---------|---------|---------|
| A63.0 | B20 | B97.35 | B97.7 | C21.0 | C21.1 | C44.520 |
| C78.5 | D01.3 | D07.1 | D12.7 | D12.8 | D12.9 | K62.0 |
| K62.1 | K62.5 | K62.6 | K62.7 | K62.9 | K62.82 | K62.89 |
| N87.0 | N87.1 | N89.0 | N89.3 | R85.81 | R85.82 | R85.610 |
| R85.611 | R85.612 | R85.613 | R85.614 | R85.615 | R85.616 | R85.618 |
| R85.619 | | | | | | |

CURRENT CODING

CPT:

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| 46601 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT | Commercial |
| 46607 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX | Commercial |
| 46601 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT | Medicaid Expansion |

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| 46607 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX | Medicaid Expansion |
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References

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ND Committee Review

Pre/Post Medical Review 8-10-2020 policy revision and Diagnosis Codes added

Internal Medical Policy Committee 7-22-2021 Annual Review

Internal Medical Policy Committee 7-21-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 7-26-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 7-16-2024 Coding update - **Effective September 02, 2024**

- **Removed** Diagnosis Code N87.2; **and**
- **Added** Diagnosis Codes C44.520; D07.1; R85.81 and R85.82; **and**
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.