



## HIGH RESOLUTION ANOSCOPY (HRA)

### 2024 Coding and Reimbursement Guide

The High Resolution Anoscopy Coding and Reimbursement Guide is intended to provide coding and reimbursement information for this procedure.

Private payers and Medicare coverage may differ. It is recommended that providers verify current coverage policies and prior authorization requirements. Please check with your individual payer for their specific coding, coverage and payment requirements.

#### PHYSICIAN CODING

CPT® Code	Description
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
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
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)
45190	Destruction of rectal tumor (eg, electrodesiccation, electrocautery, laser ablation, laser resection, cryosurgery) transanal approach

#### Reporting Instructions

- During the same operative session do not report 46600 in conjunction with CPT codes 46020-46947 or 0184T
- Report 46601 for diagnostic high-resolution anoscopy (HRA)
- Report 46607 for high-resolution anoscopy (HRA) with biopsy
- Do not report CPT 46601 or CPT 46607 in conjunction with CPT 69990



**PHYSICIAN REIMBURSEMENT**

CPT® Code	Description	Work RVU	Non-Facility Total RVU	Facility Total RVU	2024 Medicare National Average Payment Non-Facility	2024 Medicare National Average Payment Facility
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	0.55	3.54	1.24	\$116	\$41
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	1.60	4.50	2.80	\$147	\$92
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	2.20	6.23	3.72	\$204	\$122
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	2.81	16.70	5.46	\$547	\$179
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	10.42	N/A*	20.97	N/A*	\$687

\*An “N/A” indicates that this procedure is rarely or never performed in this setting. CMS National Physician Fee Schedule Relative Value File Calendar Year 2024



## HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER REIMBURSEMENT

CPT® Code	Description	APC	Description	Hospital Outpatient 2024 Medicare National Average Payment	ASC Payment Indicator	Ambulatory Surgical Center 2024 Medicare National Average Payment
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5734	Level 4 Minor Procedures	\$122	N1	Packaged
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	5734	Level 4 Minor Procedures	\$122	N1	Packaged
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	5312	Level 2 Lower Gi Procedures	\$1,126	G2	\$612
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	5313	Level 3 Lower GI Procedures	\$2,678	A2	\$1,349
45190	Destruction of rectal tumor (eg, electrocautery, electrocautery, laser ablation, laser resection, cryosurgery) transanal approach	5313	Level 3 Lower GI Procedures	\$2,678	A2	\$1,349



N1 Packaged services/items; no separate payment made

A2 Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight

G2 Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

### GLOBAL SURGERY PACKAGE/GLOBAL PERIOD

Surgical procedures are subject to a Global Surgery package also known as a “global surgery” or “global period” and includes services normally furnished by the physician who performed the surgery. Services included are pre-operative visits the day before or on the same day as the surgery, postoperative visits, miscellaneous services for example dressing changes, local incision care, removal of sutures and staples and complications which don’t require additional trips to the operating room.

Anoscope CPT codes 46600, 46601, and 46607 have a 0-day global period whereas CPT code 46924 has a 10-day global period and CPT code 45190 has a 90-day global period.

### DIAGNOSIS CODES

ICD-10-CM diagnosis codes are used by physicians and facilities to report patient conditions.

It is the responsibility of the physician to determine the appropriate diagnosis code(s) for each patient. The physician is responsible for selecting the most appropriate code to reflect the information in the patient’s medical record.

This is not an exhaustive list of ICD-10-CM diagnosis codes. For a complete list of codes and descriptions, consult the current ICD-10-CM manual.

#### ICD-10-CM Diagnosis Codes

ICD-10-CM Code	Description
A51.31	Condyloma latum
A63.0	Anogenital (venereal) warts
D01.3	Carcinoma in situ of anus and anal canal
K59.4	Anal spasm
K60.0	Acute anal fissure
K60.2	Anal fissure, unspecified
K62.0	Anal abscess
K64.1	Second degree hemorrhoids
K62.82	Dysplasia of anus



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## **SOURCES:**

*AMA CPT 2024 Professional Edition*

Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage for CY 2024; Final Rule, Federal Register (88 Fed Reg. No. 220) November 16, 2023, 42 CFR Parts 405, 410, 411, 414, 415, 418, 423, 424, 425, 455, 489,491,495, 498, and 600 Addenda B

Medicare payment rates calculated using a conversion factor of \$32.7442 Based on CY 2024 Relative Value Units (RVU) information available as of January 2024

Medicare Program; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with Comment, Federal Register (88 Fed Reg. No. 224) November 22, 2023, 42 CFR Parts 405, 410, 416, 419, 424, 485, 488 and 489; Addenda A, and B

Medicare Program; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with Comment, Federal Register (88 Fed Reg. No. 224) November 22, 2023, 42 CFR Parts 405, 410, 416, 419, 424, 485, 488 and 489; Addenda AA and DD1

2024 ICD-10-CM Professional The complete official code set, Optum 360 2023

CMS National Physician Fee Schedule Relative Value File Calendar Year 2024