



# MASSACHUSETTS

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## Medical Policy Breast Duct Endoscopy

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### Policy Number: 493

BCBSA Reference Number: 2.01.55A (For Plan internal use only)  
NCD/LCD: NA

### Related Policies

None

### Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity**  
**Medicare Members: Managed Care HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup>**

Breast duct endoscopy is considered [INVESTIGATIONAL](#).

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	This is <b>not</b> a covered service.
<b>Commercial PPO and Indemnity</b>	This is <b>not</b> a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.

### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

## CPT Codes

There is no specific CPT code for this service.

## Description

Breast duct endoscopy is a technique that provides for direct visual examination of the breast ducts through nipple orifice cannulation and exploration. The technique has been investigated in the following clinical situations:

- Diagnostic technique in women with spontaneous nipple discharge, where endoscopy might function as an alternative to surgical excision,
- Technique to obtain cellular material to stratify women for risk of breast cancer,
- As a follow-up test for women with atypical cytology as detected by ductal lavage,
- Delineation of intraductal disease to define margins of surgical resection, and

The direct delivery of therapeutic agents, including photodynamic therapy, laser ablation, topical biological agents, etc.

## Summary

The majority of published studies consisted of uncontrolled case series or retrospective studies. The procedure is considered investigational because its impact on health outcomes is uncertain.

## Policy History

Date	Action
9/2022	Annual policy review. Policy updated with literature review through September 2022. References added. Policy statements unchanged.
2/2020	Policy updated with literature review through February 1, 2020, no references added. Policy statements unchanged.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
10/2010	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2008	Annual policy review. No changes to policy statements.
8/2008	Annual policy review. No changes to policy statements.
10/2007	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
9/2007	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
5/2007	Annual policy review. No changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

## References

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