Subject: Breast Ductal Lavage and Fiberoptic Breast Ductoscopy*

Effective Date: December 10, 2002

Department(s): Utilization Management

Policy: Noninvasive retrieval of epithelial cells from the breast by ductal lavage is not reimbursable under Plans administered by QualCare, Inc.

Fiberoptic breast ductoscopy is not reimbursable under Plans administered by QualCare, Inc.

Mammary duct aspiration by non-invasive collection devices (HALO Breast Pap Test, Mammary Aspirate Specimen Cytology Test System) is not reimbursable under Plans Administered by QualCare, Inc.

Objective: To insure proper and consistent reimbursement for medically necessary services, and to exclude coverage of a service that is still investigational.

Procedure: A. Requests for coverage of ductal lavage for breast cytology shall be denied as investigational because the efficacy of this procedure is not adequately supported by peer-reviewed literature.

B. Requests for coverage of fiberoptic breast ductoscopy shall be denied as investigational because the efficacy of this procedure is not adequately supported by peer-reviewed literature.

C. As there is not a specific CPT code for either of these procedures, the most likely code to be submitted is 19499, an unlisted breast procedure.
References:

National Comprehensive Cancer Network (NCCN) guidelines Version 1.2016-Breast Cancer Screening and Diagnosis accessed at nccn.org


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.