Medical Policy
Breast Duct Endoscopy

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Policy Number: 493
BCBSA Reference Number: 2.01.55A
NCD/LCD: NA

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare Members: Managed Care HMO BlueSM and Medicare PPO BlueSM

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>2/2020</td>
<td>Policy updated with literature review through February 1, 2020, no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>9/2008</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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<tr>
<td>8/2008</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
<tr>
<td>5/2007</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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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
- Indemnity/PPO Guidelines
- Clinical Exception Process
References