



## MASSACHUSETTS

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### Medical Policy

## Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management - Ductal Lavage and Suction Collection Systems

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### Policy Number: 492

BCBSA Reference Number: 2.01.45A

### 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>**

Cytologic analysis of epithelial cells from nipple aspirations as a technique to assess breast cancer risk and manage patients at high risk of breast cancer is **INVESTIGATIONAL**. Techniques of collecting nipple aspiration fluid include, but are not limited to, ductal lavage and suction.

### Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

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

### CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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**

Various collection systems have been investigated as techniques to obtain epithelial cells for cytological examination. These techniques have been evaluated as a diagnostic and risk assessment tool in patients at high risk of breast cancer.

Ductal lavage involves several steps. First, fluid-yielding mammary ducts are identified using nipple aspiration. Next a microcatheter is inserted into the natural nipple opening of the individual mammary ducts, saline solution is infused, and ductal fluid is withdrawn. The fluid is then analyzed microscopically for cytologic abnormalities.

Examples of ductal lavage devices for nipple discharge aspiration include the FirstCyte Breast Test from Cytyc. All ductal lavage devices for nipple discharge aspiration are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

A suction collection system is a technique to collect ductal epithelial cells. In this system, small breast cups are placed on the woman's breast and adjusted to fit. The system is then engaged and automatically warms the breast and applies light suction to bring nipple aspirate fluid to the surface. Similar to ductal lavage, the fluid is then analyzed microscopically for cytologic abnormalities.

Examples of suction collection systems for ductal epithelial cells collection include the HALO NAF collection system from Neomatrix. All suction collection systems for ductal epithelial cells collection are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

## **Summary**

In summary, the available literature regarding ductal lavage and suction collection systems for breast cancer risk assessment are inadequate to draw clinical conclusions. The policy statement remains unchanged. These procedures are investigational for the assessment of breast cancer risk given the insufficient evidence to evaluate the impact on net health outcome.

## **Policy History**

<b>Date</b>	<b>Action</b>
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.
12/2009	BCBSA National medical policy review. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology.

	No changes to policy statements.
7/2009	BCBSA National medical policy review. 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	BCBSA National medical 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.

## 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](#)

[Medical Technology Assessment Guidelines](#)

## References

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