Medical Policy
Breast Duct Endoscopy

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Policy Number: 493
BCBSA Reference Number: 2.01.55A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare Members: Managed Care HMO Blue SM and Medicare PPO Blue SM
Breast duct endoscopy is considered INVESTIGATIONAL.

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.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
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<tr>
<td>Medicare PPO Blue SM</td>
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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
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

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<th>Action</th>
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<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>
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<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
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Medical Policy Terms of Use
Managed Care Guidelines
References