



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 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**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not 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
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](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

References

1. Love SM, Barsky SH. Breast-duct endoscopy to study stages of cancerous breast disease. *Lancet* 1996; 348(9033):997-9.
2. Shen KW, Wu J, Lu JS et al. Fiberoptic ductoscopy for patients with nipple discharge. *Cancer* 2000; 89(7):1512-9.
3. Shen KW, Wu J, Lu JS et al. Fiberoptic ductoscopy for breast cancer patients with nipple discharge. *Surg Endosc* 2001; 15(11):1340-5.
4. Dooley WC. Routine operative breast endoscopy during lumpectomy. *Ann Surg Oncol* 2003; 10(1):38-42.
5. Dooley WC, Francescatti D, Clark L et al. Office-based breast ductoscopy for diagnosis. *Am J Surg* 2004; 188(4):415-8.
6. Matsunaga T, Kawakami Y, Namba K et al. Intraductal biopsy for diagnosis and treatment of intraductal lesions of the breast. *Cancer* 2004; 101(10):2164-9.
7. Sauter ER, Ehya H, Schlatter L et al. Ductoscopic cytology to detect breast cancer. *Cancer J* 2004; 10(1):33-41.
8. Moncrief RM, Nayar R, Diaz LK et al. A comparison of ductoscopy-guided and conventional surgical excision in women with spontaneous nipple discharge. *Ann Surg* 2005; 241(4):575-81.
9. Sauter ER, Ehya H, Klein-Szanto AJ et al. Fiberoptic ductoscopy findings in women with and without spontaneous nipple discharge. *Cancer* 2005; 103(5):914-21.
10. Grunwald S, Bojahr B, Schwesinger G et al. Mammary ductoscopy for the evaluation of nipple discharge and comparison with standard diagnostic techniques. *J Minim Invasive Gynecol* 2006; 13(5):418-23.
11. Al Sarakbi W, Salhab M, Mokbel K. Does mammary ductoscopy have a role in clinical practice? *Int Semin Surg Oncol* 2006; 3:16.
12. Sharma R, Dietz J, Wright H et al. Comparative analysis of minimally invasive microductectomy versus major duct excision in patients with pathologic nipple discharge. *Surgery* 2005; 138(4):591-7.
13. NCCN Clinical Practice Guidelines in Oncology. Breast cancer screening and diagnosis guidelines. V.1.2006; http://www.nccn.org/professionals/physician_gls/PDF/breast-screening.pdf
14. Louie LD, Crowe JP, Dawson AE et al. Identification of breast cancer in patients with pathologic nipple discharge: does ductoscopy predict malignancy? *Am J Surg* 2006; 192(4):530-3.
15. Hunerbein M, Dubowy A, Raubach M et al. Gradient index ductoscopy and intraductal biopsy of intraductal breast lesions. *Am J Surg* 2007; 194(4):511-4.
16. Grunwald S, Heyer H, Paepke S et al. Diagnostic value of ductoscopy in the diagnosis of nipple discharge and intraductal proliferations in comparison to standard methods. *Onkologie* 2007; 30(5):243-8.
17. Liu GY, Lu JS, Shen KW et al. Fiberoptic ductoscopy combined with cytology testing in the patients of spontaneous nipple discharge. *Breast Cancer Res Treat* 2008; 108(2):271-7.
18. NCCN Clinical Practice Guidelines in Oncology. Breast cancer screening and diagnosis guidelines. V.1.2008; http://www.nccn.org/professionals/physician_gls/PDF/breast-screening.pdf. (Accessed June 13, 2008)
19. Jacobs VR, Paepke S, Ohlinger R et al. Breast ductoscopy: technical development from a diagnostic to an interventional procedure and its future perspective. *Onkologie* 2007; 30(11):545-9
20. G Gui et al. INTEND II Randomized Clinical Trial of Intraoperative Duct Endoscopy in Pathological Nipple Discharge. *Br. J Surg*, 105 (12), 1583-1590 Nov 2018 PMID: 30238438