

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Epithelial Cell Cytology in Breast Cancer Risk Assessment

Policy Number: CPCPLAB024

Version 1.0

Approval Date: September 25, 2025

Plan Effective Date: January 1, 2026

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

Cytologic analysis of epithelial cells to assess breast cancer risk and manage patients at high risk of breast cancer **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
88108, 88112, 88172, 88173, 88177

References

1. Golshan M. Nipple discharge. Updated February 12, 2024.
<https://www.uptodate.com/contents/nipple-discharge>
2. Moy L, Heller SL, Bailey L, et al. ACR Appropriateness Criteria(®) Palpable Breast Masses. *J Am Coll Radiol*. May 2017;14(5s):S203-s224.
doi:10.1016/j.jacr.2017.02.033
3. Shaheed SU, Tait C, Kyriacou K, Linforth R, Salhab M, Sutton C. Evaluation of nipple aspirate fluid as a diagnostic tool for early detection of breast cancer. *Clin Proteomics*. 2018;15:3. doi:10.1186/s12014-017-9179-4
4. Moelans CB, Patuleia SIS, van Gils CH, van der Wall E, van Diest PJ. Application of Nipple Aspirate Fluid miRNA Profiles for Early Breast Cancer Detection and Management. *Int J Mol Sci*. Nov 19 2019;20(22)doi:10.3390/ijms20225814
5. Joe BN, Esserman LJ. Breast biopsy. Updated May 3, 2023.
<https://www.uptodate.com/contents/breast-biopsy>
6. Kooistra BW, Wauters C, van de Ven S, Strobbe L. The diagnostic value of nipple discharge cytology in 618 consecutive patients. *European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology*. Jun 2009;35(6):573-7.
doi:10.1016/j.ejso.2008.09.009
7. Hornberger J, Chen SC, Li Q, Kakad P, Quay SC. Proliferative epithelial disease identified in nipple aspirate fluid and risk of developing breast cancer: a systematic review. *Current medical research and opinion*. Feb 2015;31(2):253-62.
doi:10.1185/03007995.2014.988209

8. Chatterton RT, Heinz RE, Fought AJ, et al. Nipple Aspirate Fluid Hormone Concentrations and Breast Cancer Risk. *Horm Cancer*. Apr 2016;7(2):127-36. doi:10.1007/s12672-016-0252-7
9. Kamalı GH, Kamalı S. The Role of Ductal Lavage Cytology in the Diagnosis of Breast Cancer. *Archives of Iranian Medicine (AIM)*. 2022;25(11)doi:10.34172/aim.2022.118
10. Zhu J, Cong H, Zhang X, et al. New method for cytological evaluation using direct nipple discharge without aspiration. *Scientific Reports*. 2025/02/04 2025;15(1):4175. doi:10.1038/s41598-025-88456-9
11. ASBS. Screening Mammography. 2019. <https://www.breastsurgeons.org/docs/statements/Position-Statement-on-Screening-Mammography.pdf>
12. ASBS. Consensus Guideline on Concordance Assessment of Image-Guided Breast Biopsies and Management of Borderline or High-Risk Lesions. <https://www.breastsurgeons.org/docs/statements/Consensus-Guideline-on-Concordance-Assessment-of-Image-Guided-Breast-Biopsies.pdf>
13. NCCN. NCCN Clinical Practice Guidelines in Oncology; Breast Cancer Screening and Diagnosis V2.2025. National Comprehensive Cancer Network. Updated March 28, 2025. https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf
14. Williams A, Omnigraphics Inc. *Breast cancer sourcebook : basic consumer health information about the prevalence, risk factors, and symptoms of breast cancer, including ductal and lobular carcinoma in situ, invasive carcinoma, inflammatory breast cancer, and breast cancer in men and pregnant women; along with facts about benign breast changes, breast cancer screening and diagnostic tests, treatments such as surgery, radiation therapy, chemotherapy, and hormonal and biologic therapies, tips on managing treatment side effects and complications, a glossary of terms, and a directory of resources for additional help and information*. Sixth edition. ed. Omnigraphics,; 2019:1 online resource.
15. FDA. Mammography: What You Need to Know. Updated October 26, 2023. <https://www.fda.gov/consumers/consumer-updates/mammography-what-you-need-know>
16. Sanford MF, Slanetz PJ, Lewin AA, et al. ACR Appropriateness Criteria® Evaluation of Nipple Discharge: 2022 Update. *J Am Coll Radiol*. Nov 2022;19(11s):S304-s318. doi:10.1016/j.jacr.2022.09.020
17. NCI. Breast Cancer Screening (PDQ®)–Health Professional Version. Updated April 10, 2025. <https://www.cancer.gov/types/breast/hp/breast-screening-pdq>

Policy Update History

Approval Date	Effective Date; Summary of Changes
09/25/2025	01/01/2026: New policy.