



Reimbursement Policy

Policy Number: RPLAB024

Policy Title: Epithelial Cell Cytology in Breast
Cancer Risk Assessment

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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 (e.g., nipple aspiration, fine-needle aspiration [FNA]) to diagnose, to screen for, or to assess risk of developing 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.

Code	Description
88108	CYTOPATH CONCENTRATE TECH
88112	CYTOPATH CELL ENHANCE TECH
88172	CYTP DX EVAL FNA 1ST EA SITE
88173	CYTOPATH EVAL FNA REPORT
88177	CYTP FNA EVAL EA ADDL

CPT copyright 2025 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

References

1. Golshan M. Nipple discharge. Updated February 3, 2026. <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 October 27, 2025. <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 V1.2026. National Comprehensive Cancer Network. Updated March 5, 2026. https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf
 14. Williams A, Omnigraphics Inc. *Breast Cancer Sourcebook*. Sixth edition. ed. Omnigraphics,; 2019:1 online resource. <https://www.amazon.com/Breast-Cancer-Sourcebook-Health-Reference/dp/0780816870>
 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 History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following change was made to Reimbursement Information: Edited #1 to clarify situations where epithelial cell cytology is not reimbursable; added (e.g., nipple aspiration, fine-needle aspiration {FNA}) to diagnose, to screen for, or to assess risk of developing breast cancer” as not reimbursable. References revised.
09/26/2025	01/03/2026; Document updated with literature review. Reimbursement Information unchanged. References revised.
10/30/2024	01/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.
03/01/2024	03/01/2024: Document updated with literature review. The following change was made to Reimbursement Information: Revised statement to indicate all cytological analysis for breast cancer diagnosis is not reimbursable. Added codes 88172, 88173, 88177. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information unchanged. References revised.
11/1/2022	11/01/2022: New policy