Medica Central Coverage Policy

Policy Name:	**Breast Ductal Lavage MP9691**
Effective Date:	**10/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Breast ductal lavage is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Most breast cancers arise from the epithelial cells lining the breast ducts, following a series of cytologic changes. Therefore, evaluation of breast duct epithelial cells has been proposed as a diagnostic and risk assessment tool in patients at high risk of breast cancer without mammographic abnormalities. Ductal lavage is a minimally invasive method of collecting cells from the breast ducts by pumping fluid into the ducts through the nipple orifices and then suctioning the fluid back out. The cells are then stained and examined by a cytologist to detect abnormalities of the epithelial lining of the breast ducts in order to obtain information about the patient's risk of developing breast cancer. Ductal lavage can be performed in a physician's office or outpatient clinic.

FDA Approval

Breast ductal lavage is a procedure and, therefore, does not require FDA approval. However, over 200 devices used to perform ductal lavage have received FDA 510(k) approval.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

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Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **19499** - Unlisted procedure, breast

	Committee/Source	Date(s)
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