Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Epithelial Cell Cytology in Breast Cancer Risk Assessment

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Nipple aspiration and/or ductal lavage are non-invasive techniques to obtain epithelial cells for cytological examination to aid in the evaluation of nipple discharge for breast cancer risk (Golshan, 2024). Fine-needle aspiration (FNA) is another approach that can be used in the initial diagnosis of a suspicious breast mass, although core biopsy is superior in sensitivity, specificity, and correct histological grading.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

1. 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 **DOES NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
88108	Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)

Evidence-based Scientific 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

Publication History

08/01/2026:	Clarified limitations of coverage
03/01/2026:	Annual review; administrative updates
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines

stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.