IMPORTANT REMINDER: The health plan’s Medicare Advantage Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with the member Evidence of Coverage (EOC) booklet. Benefit determinations are based in all cases on any applicable EOC language and any applicable CMS policy. To the extent there may be any conflict, applicable EOC language or applicable CMS policy take precedence over the health plan’s Medicare Advantage Medical Policy.

### MEDICARE MEDICAL POLICY CRITERIA

<table>
<thead>
<tr>
<th>Section</th>
<th>Approval Date: June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy No: M-MED93</td>
<td>Published Date: 01/01/2015</td>
</tr>
</tbody>
</table>

**CMS Coverage Manuals**

- None

**National Coverage Determinations (NCD)**

- None

**Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)**

- For the *mammary duct(s) catheter lavage*:
  - Non-Covered Services (L24473)
    - Idaho
    - Oregon
    - Utah
    - Washington

  **Scroll to the “All Versions” section at the bottom of the LCD to access prior versions.**

**Medical Policy Manual**

- For the *cytologic analysis of epithelial cells from nipple aspirations*:
  - Epithelial Cell Cytology in Breast Cancer Risk Assessment and High Risk Patient Management
NOTE: Cytologic analysis of epithelial cells from nipple aspirations, as well as the techniques of collecting such specimens, is considered to be investigational. For Medicare Advantage, experimental (i.e., investigational) services are considered not medically necessary as they have not yet been proven to be safe and effective based on peer reviewed scientific literature [see the Medical Policy Development Process and LCD for Non-Covered Services (L24473)*].

*Noridian LCD for Non-Covered Services (L24473) can be found on the Medicare Coverage Database website. Enter the LCD number “L24473” into the Document ID search field. The database search engine will automatically request a date of service to ensure the correct version is selected. Select the appropriate result based on the following contractor name and number assignments:

- Idaho = Noridian Healthcare Solutions, LLC (02102)
- Oregon = Noridian Healthcare Solutions, LLC (02302)
- Utah = Noridian Healthcare Solutions, LLC (03502)
- Washington = Noridian Healthcare Solutions, LLC (02402)

REFERENCES
None

CROSS REFERENCES
None

<table>
<thead>
<tr>
<th>CODES</th>
<th>NUMBER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>19499</td>
<td>Unlisted procedure, breast</td>
</tr>
<tr>
<td></td>
<td>89240</td>
<td>Unlisted miscellaneous pathology test</td>
</tr>
<tr>
<td>HCPCS</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>