

## Evidence Based Guideline

# Breast Lesion Localization, Stereotactic Approach

**File Name:** breast\_lesion\_localization\_stereotactic\_approach  
**Guideline Number:** EBG.RAD5180  
**Origination:** 6/1994  
**Last Review:** 10/2004

**Active Guideline, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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Stereotactic localization is a radiological technique for localizing nonpalpable breast lesions for biopsy. This technique allows the radiologist or breast surgeon to view a breast mass spotted on a mammogram and to identify the exact area that requires biopsy. The technique requires that the breast be compressed between a compression paddle and a plate called the image receptor. The image receptor can detect the X-ray beam and produce either a film image (mammogram) or a digital computer generated image of the breast. Stereotactic localization is followed by a biopsy procedure, typically either a fine-needle aspiration or needle-core biopsy. Needle biopsies of palpable breast lesions do not require stereotactic localization.

An open excisional biopsy of nonpalpable lesions is another biopsy technique involving the initial use of needle localization based on x-ray or ultrasound guidance, followed by open excision and removal of the lesion surrounding the inserted needle. Open excisional biopsy of palpable lesions does not require prior needle localization. Open biopsies are typically performed after results of an initial needle biopsy suggest malignancy, or where image guided techniques are not available.

Variants of needle core stereotactic breast biopsy, using devices with either a suction device (i.e., Mammotome device) or a cannula with a motorized oscillating blade (i.e., ABBI system), have been developed in an effort to increase the amount of tissue harvested.

### Evidence Based Guideline for Stereotactic Localization of Breast Lesion

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Stereotactic Localization of Breast Lesions may be appropriate in the following situation:

- Image-guided breast biopsy of **nonpalpable** breast lesions using a vacuum-assisted biopsy technique as an alternative to standard needle-core biopsy or fine-needle aspiration.

### Medical Evidence regarding Stereotactic Localization of Breast Lesion indicates it is not recommended in the following situations:

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Stereotactic Localization of Breast Lesions is not recommended in the following situations:

- Breast biopsy of **palpable** breast lesions using a vacuum-assisted biopsy technique as an alternative to standard needle core biopsy or fine needle aspiration.
- Breast biopsy of breast lesions using a vacuum-assisted biopsy technique as an alternative to open excisional biopsy or lumpectomy.

## Policy: Breast Lesion Localization, Stereotactic Approach

### Benefits Application

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Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 19102, 19103, 77031*

### Medical Term Definitions

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Not applicable.

### Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual - 12/95

Plan Consultant - 7/96

BCBSA Medical Policy Reference Manual - 7/10/98

Medical Policy Advisory Group - 1/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual, 6.01.09; 7/12/02

BCBSA Medical Policy Reference Manual, 6.01.09; 4/29/03

### Policy Implementation/Update Information

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- 4/94 Evaluated: Eligible for coverage for nonpalpable breast lesions in patients undergoing fine-needle aspiration or needle core biopsy. Investigational for palpable breast lesions in all patients and non-palpable breast lesions in patients undergoing open surgical biopsy.
- 6/96 Reaffirmed: National Association reviewed 12/95. No changes.
- 7/96 Revised: Added stereotactic localization and mammotome biopsy and specific coding.
- 1/99 Reaffirmed: Medical policy Advisory Group
- 6/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 10/00 Specialty Matched Consultant Advisory Panel review. Added allowance for Breast Surgeon in the description section of the policy. Reversed criteria 1 and 2 from section When Stereotactic Local-

## Policy: Breast Lesion Localization, Stereotactic Approach

ization of Breast Lesions is not covered for clarity of policy. System coding changes. Medical Policy Advisory Group review. No further changes to criteria. Approve.

- 7/01 Policy name changed from Stereotactic Localization of Breast Lesions to Breast Lesion Localization, Stereotactic Approach.
- 3/02 Added code 10021 to Billing and Coding Section and System Application Guidelines.
- 10/02 Specialty Matched Consultant Advisory Panel review 8/15/02. Description section revised for clarity. Under when covered, added vacuum-assisted biopsy. Under when not covered, changed to "Stereotactic Localization of Breast Lesions is considered not medically necessary for palpable breast lesions." which removed statement regarding suction device or oscillating blade being investigational. Added codes 10022, 19102, 19103, 19295, 76095, 76942, and 88305 to Billing and Coding Section and deleted codes 10021, 19100, 19101, 88170 and 88171.
- 11/03 Deleted code MS010 from Billing and Coding section. Benefits Application and Billing and Coding sections revised.
- 10/04 Criteria statements changed. When covered now states stereotactic breast lesion localization may be considered medically necessary for **nonpalpable** lesions as an alternative to standard needle-core biopsy or fine-needle aspiration. When not covered now states stereotactic breast lesion localization for **palpable** lesions may be considered not medically necessary as an alternative to standard needle core biopsy or fine needle aspiration. Stereotactic breast lesion localization is considered **investigational** as an alternative to open excisional biopsy or lumpectomy. Removed codes 10022, 19295, 76095, 76942, 88172-88173, 88305 from the policy. Codes 19102 and 19103 remain in the policy as they apply specifically to the procedure. Policy status changed to: "Active policy, no longer scheduled for routine literature review".
- 8/21/06 Medical Policy changed to Evidence Based Guideline.
- 1/3/07 CPT code 77031 effective January 1, 2007 added to Billing/Coding section.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.