Reimbursement Policy

Gastrophotography (NCD 100.12)

<table>
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<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
</tr>
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<tr>
<td>100.12</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>04/23/2014</td>
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Gastrophotography (NCD 100.12)

Summary
Overview
Gastrophotography is an accepted procedure for diagnosis and treatment of gastrointestinal disorders. The photographic record provided by this procedure is often necessary for consultation and/or followup purposes and when required for such purposes, is more valuable than a conventional gastroscopic examination.

Reimbursement Guidelines
Such a record facilitates the documentation and evaluation (healing or worsening) of lesions such as the gastric ulcer, facilitates consultation between physicians concerning difficult-to-interpret lesions, provides preoperative characterization for the surgeon, and permits better diagnosis of postoperative gastric bleeding to help determine whether there is a need for reoperation. Therefore, program reimbursement may be made for this procedure.

CPT/HCPCS Codes

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>44799</td>
<td>Unlisted procedure, intestine</td>
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References Included (but not limited to):

CMS NCD
NCD 100.12 Gastrophotography

CMS LCD(s)
Numerous LCDs

UnitedHealthcare Medicare Advantage Coverage Summaries
Gastroesophageal and Gastrointestinal (GI) Services and Procedures

History

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>04/23/2014</td>
<td>Administrative updates</td>
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<tr>
<td>04/24/2013</td>
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