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, 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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Gravlee Jet Washer (NCD 230.5)

The Gravlee Jet Washer is a sterile, disposable, diagnostic device for detecting endometrial cancer.

Reimbursement Guidelines

The use of this device is indicated where the patient exhibits clinical symptoms or signs suggestive of endometrial disease, such as irregular or heavy vaginal bleeding.

Program payment cannot be made for the washer or the related diagnostic services when furnished in connection with the examination of an asymptomatic patient. Payment for routine physical checkups is precluded under the statute. (See §1862(a)(7) of the Act.)

CPT/HCPCS Codes

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<tr>
<td>A4470</td>
<td>Gravlee jet washer</td>
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References Included (but not limited to):

CMS NCD(s)

NCD 230.5 Gravlee Jet Washer

CMS Benefit Policy Manual

Chapter 16; § 90 Routine Services and Appliances

CMS Transmittals


UnitedHealthcare Medicare Advantage Coverage Summaries

Uterine Services and Procedures

History

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