INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
The Vabra Aspirator is a sterile, disposable, vacuum aspirator which is used to collect uterine tissue for study to detect endometrial carcinoma. The use of this device is indicated where the patient exhibits signs suggestive of endometrial disease or clinical symptoms, such as irregular or heavy vaginal bleeding.

Guidelines
Program payment cannot be made for the aspirator 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 (§1862(a) (7) of the Act).

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<td>A4480</td>
<td>Vabra Aspirator</td>
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Related Medicare Advantage Coverage Summary
- Uterine Services and Procedures
REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 230.6 Vabra Aspirator

CMS Benefit Policy Manual
Chapter 16: § 90 Routine Services and Appliances

CMS Transmittals
Transmittal 3689, Change Request 9903, Dated 01/05/2017 (Durable Medical Equipment Prosthetics, Orthotics and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List)

GUIDELINE HISTORY/REVISION INFORMATION

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
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