

Omnibus Codes

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Related Policies
None

Coverage Guidelines

This UnitedHealthcare Medicare Advantage Coverage Summary is intended to be used when there are no Medicare coverage criteria or other UnitedHealthcare Medicare Advantage Coverage Summaries that include omnibus codes.

Medicare does not have coverage guidelines for many of the items and services in UnitedHealthcare’s Commercial Medical Policy titled [Omnibus Codes](#). For coverage guidelines for items and services listed in this policy, first search the [Medicare Coverage Database](#) to confirm no applicable Medicare coverage guidelines exist. After searching the [Medicare Coverage Database](#), if no NCD/LCD/LCA is found, then search for a Coverage Summary that specifically addresses the service/code. If none is found, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

(Accessed January 18, 2024)

Policy History/Revision Information

Effective Date	Summary of Changes
04/01/2024	<ul style="list-style-type: none"> New Medicare Advantage Coverage Summary

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the

specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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