UNICARE
An Anthem Company

Commercial Reimbursement Policy

Subject: **Once per Lifetime Procedures**	
Policy Number: **C-15003**	Policy Section: **Coding**
Last Approval Date: **05/04/2018**	Effective Date: **08/01/2018**

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's UniCare Life & Health Insurance Company (UniCare) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both Participating and Non-Participating providers.

. If appropriate coding/billing guidelines or current reimbursement policies are not followed, UniCare may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. UniCare reserves the right to review and revise its policies periodically when necessary. When there is an update we will publish the most current policy to the website.

Policy

When UniCare identifies a once per lifetime procedure on a current claim and identifies a historical claim with the same procedure code or a different procedure code that includes the current procedure in the description (code grouping), the current procedure will not be eligible for reimbursement. This will include those once per lifetime procedures processed and approved either by a previous carrier or with another Anthem, Inc. affiliated health plan.

In addition, there exists once per lifetime procedures that may be reported bilaterally. For those procedures that might be done bilaterally, more than one procedure will be allowed when the appropriate site specific modifier—LT for left side and RT for right side—is appended to the procedure code along with any other appropriate modifier.

Any subsequent once per lifetime procedure reported without an appropriate modifier to identify why the procedure is being reported more than once will not be eligible for reimbursement.

There may be times, however, when a once per lifetime procedure is reported more than once, such as discontinued procedures, surgeries that require an assistant surgeon, or split surgical care. When a

circumstance arises where a once per lifetime code would be reported more than once, the once per lifetime procedure must be reported with the appropriate modifier. The following table identifies by code or code group the procedures that are described above. The inclusion or exclusion of a specific code does not indicate eligibility for reimbursement under all circumstances.

Related Coding

Modifier/Code	Description	Comment
53	Discontinued procedure	
55	Postoperative management only	
56	Preoperative management only	
80, 81, 82, AS	Assistant surgeon services	
27080	Coccygectomy, primary	
27880-27882	Amputation, leg, through tibia and fibula	
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	
38100	Splenectomy; total (separate procedure)	
41140-41155	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	
43620	Gastrectomy, total; with esophagoenterostomy	
44950-44970	Appendectomy	
47600-47620	Cholecystectomy	
51570-51597	Cystectomy, complete	
55810-55845	Prostatectomy	
58150-58240	Abdominal hysterectomy	
58260-58294	Vaginal hysterectomy	
60240	Thyroidectomy, total or complete	

Policy History

06/01/2019	New policy template; removed description section and added definition section
05/04/2018	Biennial review approved and Effective 08/01/2018: Modifier 58 removed

10/04/2016	Annual review with language updates for clarity and no changes to the policy criteria; added surgical assistant modifiers
09/01/2015	Initial policy approved and effective date

References and Research Materials

This policy has been developed through consideration of the following:

- American Medical Association (AMA) Current Procedural Terminology (CPT®) Professional Edition 2018

Definitions

Once per Lifetime procedures	Procedures that, clinically, anatomically, code description, or based on coding instructions, are performed once per lifetime on an individual patient by a physician(s) or other qualified healthcare provider(s).

Related Policies and Materials

None