



REIMBURSEMENT POLICY

Once in a Lifetime Procedures

Active

Policy Number: Surgery/Interventional Procedure – 019
Policy Title: Once in a Lifetime Procedures
Section: Surgery/Interventional Procedure
Effective Date: 12/19/2018

Description

This policy limits the frequency of reimbursement for certain identified procedures to once in the patient's lifetime.

Definitions

Once in a Lifetime Procedures, by the nature of their description, can be performed only once in a patient's lifetime.

Policy Statement

In general, Once in a Lifetime Procedures involve the removal of an organ in the body. Example: A patient only has one appendix; therefore, an appendectomy can be performed only once in the patient's lifetime. Once in a Lifetime Procedures are not limited to a single Current Procedural Terminology (CPT) code, but may be represented by Code Families, which are a group of CPT codes that describe the same or similar type of service. Blue Cross and Blue Shield of Minnesota provides reimbursement for only one procedure from a designated Code Family during a patient's lifetime.

If a Once in a Lifetime Procedure is reported on separate claims with different dates of service, the claim will be paid for only one date of service. Claims for other dates of service will be denied unless one of the following modifiers has been appended to the Once in a Lifetime Procedure code:

- 53 – Discontinued Procedure
- 55 – Postoperative Management Only
- 56 – Preoperative Management Only
- 58 – Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

Documentation Submission

Documentation must clearly identify, and support procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.



The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 53, 55, 56, 58

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: 19303, 19305, 19306, 19307, 19355, 21050, 21070, 21630, 21632, 23125, 23195, 23900, 23920, 24130, 24155, 24900, 24920, 24931, 25240, 25900, 25905, 25915, 25920, 25927, 27080, 27122, 27290, 27295, 27340, 27590, 27591, 27592, 27598, 27880, 27881, 27882, 27888, 27889, 28130, 28315, 28800, 28805, 30160, 31225, 31230, 31360, 31365, 31390, 31395, 32440, 32442, 32445, 32488, 38100, 38102, 38120, 38571, 41140, 41145, 41150, 41153, 41155, 42842, 42844, 42845, 43620, 43621, 43622, 44150, 44151, 44155, 44156, 44157, 44158, 44210, 44211, 44212, 44950, 44955, 44960, 44970, 45110, 45112, 45119, 45120, 45121, 45136, 45395, 45397, 47140, 47141, 47142, 47562, 47563, 47564, 47600, 47605, 47610, 47612, 47620, 48155, 48550, 48554, 48556, 49250, 49255, 50220, 50225, 50230, 50234, 50236, 50545, 50546, 50660, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 52649, 53210, 53215, 54000, 54125, 54130, 54135, 54150, 54160, 54520, 54530, 54535, 54690, 54860, 54861, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866, 56625, 56633, 56634, 56637, 56640, 56805, 57110, 57111, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58950, 58951, 58952, 58953, 58954, 58956, 59135, 60240, 60252, 60254, 60270, 60271, 65091, 65093, 65101,



65103, 65105, 65110, 65112, 65114, 68500, 69530, 69676, 69905,
69910, 81212, 81215, 81216, 81217, S0340, S0342

Revenue Codes: N/A

Deleted Codes: 57112, 58293

Policy History

Initial Committee Approval Date: December 19, 2018

Code Update: February 23, 2021

Policy Review Date: February 23, 2021

Cross Reference: N/A

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