

# 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: 12/19/18

**Product:** ⊠Commercial ⊠FEP ⊠Medicare Advantage ⊠Platinum Blue

## 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-10 Diagnosis: N/A ICD-10 Procedure: N/A

CPT/HCPCS: Refer to Appendix

Revenue Codes: N/A

## Cross Reference

Cross Reference: N/A

Policy History	
12/19/2018	Initial Committee Approval Date
02/23/2021	Annual Policy Review: removed Family/Code/Description table Code: Deleted codes 57112, 58293
06/29/2021	Code: Added codes 37112, 38293

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# Appendix

0665	T 0666T	19303	19305	19306	19307	19355	21050	21070	21630
2163	2 23125	23195	23900	23920	24130	24155	24900	24920	24931
2524	0 25900	25905	25915	25920	25927	27080	27122	27290	27295
2734	0 27590	27591	27592	27598	27880	27881	27882	27888	27889
2813	0 28315	28800	28805	30160	31225	31230	31360	31365	31390
3139	5 32440	32442	32445	32488	38100	38102	38120	38571	41140
4114	5 41150	41153	41155	42842	42844	42845	43620	43621	43622
4415	0 44151	44155	44156	44157	44158	44210	44211	44212	44950
4495	5 44960	44970	45110	45112	45119	45120	45121	45136	45395
4539	7 47140	47141	47142	47562	47563	47564	47600	47605	47610
4761	2 47620	48155	48550	48554	48556	49250	49255	50220	50225
5023	0 50234	50236	50545	50546	50660	51570	51575	51580	51585
5159	0 51595	51596	51597	52649	53210	53215	54000	54125	54130
5413	5 54150	54160	54520	54530	54535	54690	54860	54861	55810
5581	2 55815	55821	55831	55840	55842	55845	55866	56625	56633
5663	4 56637	56640	56805	57110	57111	57530	57531	57540	57545
5755	0 57555	57556	58150	58152	58200	58210	58240	58260	58262
5826	3 58267	58270	58275	58280	58285	58290	58291	58292	58294
5854	1 58542	58543	58544	58548	58550	58552	58553	58554	58570
5857	1 58572	58573	58575	58950	58951	58952	58953	58954	58956
5913	5 60240	60252	60254	60270	60271	65091	65093	65101	65103
6510	5 65110	65112	65114	68500	69530	69676	69905	69910	81212
8121	5 81216	81217	S0340	S0342					