

Once in a Lifetime Procedures Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The Once in a Lifetime Procedures Policy identifies procedures that because of the Current Procedural Terminology (CPT®) code description and/or human anatomy can be performed by a physician(s) or other qualified health care professional(s) only once in a patient's lifetime.

Reimbursement Guidelines

UnitedHealthcare Community Plan will reimburse certain procedures only once during a patient's lifetime. Once in a Lifetime Procedures are not limited to a single 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. Under this policy, UnitedHealthcare Community Plan provides reimbursement for only one procedure from a designated Code Family during a patient's lifetime.

For example, there are four separate appendectomy CPT codes that can be used, based upon the particular circumstance, to report the removal of the appendix. The four codes, listed below, make up the Code Family that describes the removal of an appendix.

Appendectomy Code Family

- 44950
- 44955

- 44960
- 44970

When any single or multiple physician or other qualified health care professional reports a code from the Once in a Lifetime Procedures list, that code or any code from the same Code Family will be reimbursed only once during a patient's lifetime. In the appendectomy example, a single code from the Appendectomy Code Family will be reimbursed only once during a patient's lifetime, because each person has only one appendix and can have only one appendectomy during his or her lifetime.

Refer to the "[Attachment](#)" section for a complete list of Once in a Lifetime Procedures, listed by CPT code and Code Family.

Modifiers

There may be situations that require the code(s) for a Once in a Lifetime Procedure to be submitted more than once during a patient's lifetime. In such cases, more than one Once in a Lifetime Procedure, whether the same code or a different code from the same Code Family, will be considered separately for reimbursement if reported with one of the following modifiers:

- Modifier 53
- Modifier 55
- Modifier 56
- Modifier 58

For additional information related to the percentage of the allowable fee to be paid when one of these modifiers is appended to a claim for a subsequent procedure, please refer to the Discontinued Procedure, Split Surgical Package and/or Global Days policies.

State Exceptions:

Arizona	Arizona uses a customized, state identified Once in a Lifetime list.
California	California uses customized, state identified Once in a Lifetime list.

Definitions




Once in a Lifetime Procedure	A procedure that can be performed by a physician(s) or other qualified health care professional(s) only once in a patient's lifetime.
Code Family	A group of CPT codes that describe the same or similar type of service.

Questions and Answers

1	<p>Q: Would there ever be an instance where a CPT code for a Once in a Lifetime Procedure may be reported more than once?</p> <p>A: Yes, there are instances where a CPT code for a Once in a Lifetime Procedure may be reported more than once. Modifiers may be used to indicate a procedure or service has been altered in some way, but not changed in its actual code description. For example, by definition, modifier 53 (Discontinued Procedure) is to be used when a procedure is terminated for unforeseeable circumstances. Per coding guidelines, the procedure code would be initially reported with modifier 53 appended to the CPT code to indicate the discontinued procedure and then at a later time, the CPT code would be submitted again when (if) the procedure took place in its entirety.</p>
2	<p>Q: How is a Once in a Lifetime Procedure reimbursed when reported by two different physicians on different dates of service?</p>

	<p>A: When any physician or other qualified health care professional reports a code from the Once in a Lifetime Procedure policy list on multiple dates of service excluding the same date of service, the code will be reimbursed only once. UnitedHealthcare Community Plan follows a "first in, first out" claim payment methodology in determining which claim will be considered for reimbursement when duplicate claims are received.</p>
3	<p>Q: What if two different physicians each report the same procedure on the same date of service for the same patient from the Once in a Lifetime Procedures list?</p> <p>A: The Once in a Lifetime Procedure codes are subject to duplicate billing logic when reported by the same or different providers.</p>

Attachments:

	<p>UnitedHealthcare Community Plan Once in a Lifetime Procedures</p>	<p>A list of Once in a Lifetime Procedures listed by CPT code and Code Family.</p>
	<p>Arizona Once in a Lifetime Procedure List</p>	<p>A list of Once in a Lifetime Procedures listed by CPT code and Code Family for Arizona.</p>
	<p>California Once in a Lifetime Procedure List</p>	<p>A list of Once in a Lifetime Procedures listed by CPT code and Code Family for California.</p>

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)

Department of Health Care Services, Medi-Cal

History

4/20/2020	<p>Policy Version Change Title Section: Updated Policy Header Attachment Section: verbiage updated</p>
3/6/2020	<p>Annual Anniversary Date and Version Change Reimbursement Guidelines Section: Removed Code Descriptions History Section: Entries prior to 1/1/2017 archived</p>
11/17/2019	<p>State Exceptions: Added Arizona Attachments Section: Added Arizona Once in a Lifetime Procedures list</p>
5/19/2019	<p>Policy Version Change Attachments Section: Once in a Lifetime Procedures list updated to correct format</p>
3/10/2019	<p>Policy Version Change Attachments Section: Once in a Lifetime Procedures list updated</p>
3/1/2019	<p>Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header</p>
1/13/2019	<p>Annual Policy Version Change Title: "Professional" added</p>

	<p>Application Section: Removed reference to Employer and Individual and Medicare and Retirement</p> <p>Policy Section: “qualified” added to “health care professional”</p> <p>Definitions Section: “qualified” added to “health care professional”</p> <p>Questions and Answer Section: “qualified” added to “health care professional”</p> <p>Attachments Section: Updated California Once in a Lifetime Procedures list</p> <p>History Section: Entries prior to 1/1/2017 archived</p>
3/14/2018	Annual Approval Date Change (No New Version)
2/25/2018	<p>Attachments Section: Updated California Once in a Lifetime Procedures list</p> <p>Added State Exception Section</p>
1/1/2018	<p>Annual Policy Version Change</p> <p>Attachments Section: Once in a Lifetime Procedures list updated</p> <p>History Section: Entries prior to 1/1/2016 archived</p>