

Once-Per-Lifetime Procedures

Reimbursement Policy ID: RPC.0020.7700

Recent review date: 12/2023

Next review date: 11/2025

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes limitations on payment for once-per-lifetime procedures by providers contracted with AmeriHealth Caritas Ohio.

Certain procedures can be performed only once in patient's lifetime, due to benefit limitations or the procedure and the anatomy on which the procedure is being performed. Accordingly, reimbursement for these procedures is limited to once in a patient's lifetime. Providers must submit claims, using appropriate CPT/HCPCS codes and their modifiers, consistent with Ohio Department of Medicaid (ODM) billing and other guidelines. Services must be medically necessary.

Exceptions

See Reimbursement Policy RPC.0019.7700 for discontinued procedures.

Reimbursement Guidelines

AmeriHealth Caritas Ohio has edits to prevent payment of once-per-lifetime procedures that were previously reported as completed. For example, if a claim with “appendectomy” in its code description was previously billed as completed, any subsequent claims with “appendectomy” in its code description will be denied.

An associated modifier may indicate for a once-per-lifetime procedure:

- If a bilateral or unilateral procedure was performed. See Reimbursement Policy RPC.0006.7700 on Bilateral Procedures.
- If co-surgeons and/or an assistant-at-surgery were involved in a surgical case. See also Reimbursement Policies RPC.0005.7700 and RPC.0004.7700 on Co-Surgeons and Assistant Surgeon, respectively.
- If surgical procedures were staged or if certain components of the global surgical package were split among different providers. See Reimbursement Policy RPC.0012.7700 on Global Surgical Package and Split Surgical Care.

Please refer to CPT/HCPS manuals for complete descriptions of procedure codes and modifiers. Please refer to ODM billing resources for fee schedules and billing guidelines.

Definitions

Once-Per-Lifetime Procedure

A procedure or service that can be performed only once in patient’s lifetime, due to either limitation of the benefits or to the type of procedure and the anatomy on which the procedure is being performed.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Ohio Administrative Code 5160-4-22 Surgical Services: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-4-22>
- V. Ohio Department of Medicaid (ODM) fee schedules and billing guidelines: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

Attachments

N/A

Associated Policies

RPC.0004.7700 Assistant Surgeon
RPC.0005.7700 Co-Surgeon
RPC.0006.7700 Bilateral Procedures.
RPC.0012.7700 Global Surgical Package and Split Surgical Care
RPC.0019.7700 Discontinued Procedures

Policy History

04/2024	Revised preamble
12/2023	Reimbursement Policy Committee Approval
11/2023	Annual Review: <ul style="list-style-type: none">• Updated definitions• Updated to Biennial policy
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section
11/2022	Reimbursement Policy Committee Approval