



Once-Per-Lifetime Procedures

Reimbursement Policy ID: RPC.0020.0900

Recent review date: 03/2024

Next review date: 11/2025

AmeriHealth Caritas New Hampshire 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 New Hampshire 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 of New Hampshire.

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 New Hampshire Department of Health and Human Services (DHHS) billing and other guidelines. Services must be medically necessary.

Exceptions

See Reimbursement Policy RPC.0019.0900 for discontinued procedures.

Reimbursement Guidelines

AmeriHealth Caritas of New Hampshire 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 complete, any subsequent claims with “appendectomy” in its code description will be denied.

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

- If a bilateral or unilateral procedure was performed. See Reimbursement Policy RPC.0006.0900 on Bilateral Procedures.
- If co-surgeons and/or an assistant-at-surgery were involved in a surgical case. See also Reimbursement Policies RPC.0005.0900 and RPC.0004.0900 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.0012.0900 on Global Surgical Package.

Refer to CPT/HCPS manuals for complete descriptions of procedure codes and modifiers, and to New Hampshire Department of Health and Human Services (DHHS) provider resources.

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 the type of procedure and the anatomy on which the procedure is being performed.

Different Providers

Physicians or other qualified health care professionals who are not from the same group practice, not under the same specialty, and not under same Tax Identification Number (TIN) are considered different providers.

Associated Policies

RPC.0019.0900 Discontinued Procedures (Modifier 53)

RPC.0005.0900 Co-Surgeons

RPC.0004.0900 Assistant Surgeon

RPC.0012.0900 Global Surgical Package

Attachments

N/A

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (ICD-10-CM).

- IV. New Hampshire Department of Health and Human Services (DHHS) fee schedules and billing guidelines, <https://www.dhhs.nh.gov/programs-services/medicaid>

Policy History

04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
02/2024	Annual review: <ul style="list-style-type: none">• No major changes
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire 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