



Once-Per-Lifetime Procedures

Reimbursement Policy ID: RPC.0020.0900

Recent review date: 09/2025

Next review date: 11/2027

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.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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

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. See the Reimbursement Guidelines for more information.

Reimbursement Guidelines

Certain medical procedures are designated as "once per lifetime" due to their irreversible nature, long-term efficacy, or significant resource utilization. Coverage for these procedures is contingent upon AmeriHealth Caritas applying this designation to ensure appropriate use, prevent duplication, and maintain equitable access to care:

- Meeting established medical necessity criteria
- Absence of prior claims for the same procedure
- Submission of complete and accurate documentation

AmeriHealth Caritas of New Hampshire will deny 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.

Although rare, there may be a specific circumstance when a once per lifetime code is submitted more than once in a patient's lifetime. For example, a procedure is discontinued due to unforeseen circumstances. In that instance, the service should be billed with the appropriate modifier to indicate the reason for the subsequent procedure.

- Modifier 53 - Discontinued Procedure
- Modifier 55 - Postoperative Management Only
- Modifier 56 - Preoperative Management Only
- Modifier 58 - Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period.

Please refer to CPT/HCPCS manuals for complete descriptions of procedure codes and modifiers. Please refer to AmeriHealth Caritas of New Hampshire 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 the type of procedure and the anatomy on which the procedure is being performed.

Code Family

A code family of procedure codes groups similar services that share a base, or "parent," procedure, such as endoscopic procedures.

Attachments

N/A

Associated Policies

RPC.0019.0900 Discontinued Procedures (Modifier 53)
RPC.0006.0900 Bilateral Procedures
RPC.0005.0900 Co-Surgeon
RPC.0004.0900 Assistant Surgeon
RPC.0012.0900 Global Surgical Package and Split Surgery

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

09/2025	Reimbursement Policy Committee Approval
08/2025	Annual review <ul style="list-style-type: none">• Minor Updates• Updated Associated Policies Section
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
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