



## ONCE IN A LIFETIME

File Name: once\_lifetime

Origination: 7/2021

Last Review: 12/2022

Next Review: 12/2023

## Description

Based on human anatomy some procedures can only be performed once in a member's lifetime. This policy will describe procedures that are only possible to perform once in a member's lifetime and therefore only reimbursed once in a member's lifetime.

## Policy

**Blue Cross Blue Shield North Carolina (Blue Cross NC) will limit reimbursement for each "Once in a Lifetime" procedure group to only once during a member's lifetime according to the criteria outlined in this policy.**

## Reimbursement Guidelines

Each "Once in a Lifetime" procedure group will only be reimbursed once per member. "Once in a Lifetime" procedure groups may consist of one or more codes.

There may be times when a "Once in a Lifetime" procedure is reported more than once, including, but not limited to, co-surgeons, team surgery, discontinued procedures, surgeries that require an assistant surgeon, laterality, or split surgical care. When it is appropriate to report a "Once in a Lifetime" code more than once, the "Once in a Lifetime" code must be reported with the appropriate modifier.

When a "Once in a Lifetime" procedure is reported, subsequent services specific to that removed body part or organ will not be reimbursable.

## Rationale

Blue Cross NC enforces a once in a lifetime limit on some procedures based on typical human anatomy.

## Billing and Coding

Applicable codes are for reference only and are **not** all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com).

The following table identifies by code or code group some examples of "Once in a Lifetime" procedures described above. The inclusion or exclusion of a specific code does not indicate eligibility for reimbursement under all circumstances. This table is provided as an informational tool only, to help identify some of the procedures described above.



"Once In a Lifetime" Procedure Groups	
CPT® / HCPCS code	Description
27880-27882	Leg amputation; through tibia and fibula
30160	Rhinectomy; total
31360-31365	Laryngectomy; total
32440-32445	Pneumonectomy
38100, 38102	Splenectomy; total
41140-41145	Glossectomy; complete or total
42140	Uvulectomy
43620-43622	Gastrectomy; total
44150-44158, 44210-44212	Colectomy; total
44950-44970	Appendectomy
45110, 45112, 45119-45121, 45126, 45395, 45397	Proctectomy
47562-47564, 47600-47620	Cholecystectomy
48155	Pancreatectomy; total
49250	Umbilectomy
51570-51596	Cystectomy; complete
51597	Pelvic Exenteration; complete
52649	Enucleation
53210-53215	Urethrectomy; total
54125-54135	Penile Amputation
54150-54161	Circumcision
54861	Epididymectomy
55810-55845, 55866	Prostatectomy; radical
56625, 56633- 56637	Vulvectomy; complete
57110-57111	Vaginectomy; complete
57530-57531	Trachelectomy
57540-57556	Cervical Stump Excision



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51925, 58150-58294, 58541-58544, 58548-58554, 58570-58575, 58950-58956	Hysterectomy
60240-60254, 60270-60271	Thyroidectomy

Modifiers	
Modifier	Description
50	Bilateral Procedure
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
58	Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
62	Two Surgeons
66	Surgical Team
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
RT	Right side (used to identify procedures performed on the right side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)

**Related policy**

[Bundling Guidelines](#)

[Consistency Guidelines](#)

[Co-surgeon, Assistant Surgeon, and Assistant-at-Surgery Guidelines](#)

[Modifier Guidelines](#)

## References

Healthcare Common Procedure Coding System

American Medical Association, *Current Procedural Terminology* (CPT®)

Centers for Disease Control and Prevention, International Classification of Diseases, 10<sup>th</sup> Revision

Centers for Medicare & Medicaid Services, CMS Manual System, and Medicare Claims Processing Manual 100-04 [100-04 | CMS](#)

## History

7/27/2021	New policy developed. Blue Cross Blue Shield North Carolina (Blue Cross NC) will limit reimbursement for each “Once in a Lifetime” procedure group to only once during a member’s lifetime according to the criteria outlined in this policy. <b>Notification on 7/27/2021 for effective date 10/1/2021.</b> (eel)
12/30/21	Routine policy review. Deleted code 59135 removed. Medical Director approved. (eel)
6/1/22	Policy language updated throughout. Added “When a “Once in a Lifetime” procedure is reported, subsequent services specific to that removed body part or organ will not be reimbursable.” to Reimbursement Guidelines section. Deleted code 57112 removed. Medical Director approved. Notification on 3/31/2022 for effective date 6/1/2022. (eel)
12/31/2022	Routine policy review. Minor revisions only. (ckb)

## Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

## Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.



## Commercial Reimbursement Policy

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