



Policy Title	Once In a Lifetime Procedure
Policy Department	Payment Strategy and Operations
Effective Date	10/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy limits the frequency of reimbursement for certain identified procedures to once in the patient's lifetime. Once in a Lifetime Procedures, by the nature of their description, can be performed only once in a patient's lifetime.

Definitions:

- **Once in a Lifetime Procedure** - A procedure that can be performed by a physician(s) or other qualified healthcare 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.

Policy:

Once in a Lifetime Procedures are not limited to a single Current Procedural Terminology (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. Clover Health provides reimbursement for only one procedure from a designated Code Family during a patient's lifetime.

When any single or multiple physician or other 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.

If a Once in a Lifetime Procedure is reported on separate claims with different dates of service, the claim will be paid for only one date of service. Claims for other dates of service will be denied unless one of the following modifiers has been appended to the Once in a Lifetime Procedure code:

- 53 – Discontinued Procedure
- 55 – Postoperative Management Only
- 56 – Preoperative Management Only
- 58 – Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

Claim Codes (if applicable)

List of once in a lifetime procedures.

- 24900,24920,24925,24930,24931,25900,25905,25907,25909, 25927,29515,,27590,27591,27592,27594,27596,27290,27299, 27880-27882, 27884,2786,27888 - Amputation
- 30160- Rhinectomy; total
- 31360-31365 - Laryngectomy; total
- 32440 - 32445 - Pneumonectomy
- 38100,38102 - Splenectomy; total
- 41440-41145 - Glossectomy; complete or total
- 42140 - Uvulectomy
- 43620-43622 - Gastrectomy; total
- 44150-44158 and 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
- 53210-53215 - Urethrectomy; total
- 54125-54135 - Penile Amputation

	<ul style="list-style-type: none">• 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• 51925,58150-58294,58541-58544,58548-58554,58570-58575, 58950-58956 - Hysterectomy• 60240-60254,60270-60271 - Thyroidectomy
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References

American Medical Association (AMA) Current Procedural Terminology (CPT®)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r1657cp.pdf>