

Commercial Reimbursement Policy

Subject: Once per Lifetime Procedures - Professional	
Policy Number: C-15003	Policy Section: Coding
Last Approval Date: 09/15/2020	Effective Date: 09/15/2020

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Wellpoint does not allow reimbursement for once per lifetime procedures on a current claim if:

- A historical claim with the same procedure code is identified
- A historical claim with a code from the same code family which describe the same or similar type of service

This includes once per lifetime procedures processed and approved either by a previous carrier or with another Wellpoint affiliated health plan.

Wellpoint allows reimbursement for once per lifetime procedures with use of appropriate modifiers.

The table below identifies by code or code family, procedures that are described above. The inclusion or exclusion of a specific code does not indicate eligibility for reimbursement under all circumstances.

Related Coding

Code	Description	Comments
Code and Code Families	Code and Code Families	

Policy History

09/15/2020	Biennial review approved: Minor administrative changes; modifiers removed, code list expanded and added as an attachment; removed Medicare Advantage disclaimer
06/01/2019	New policy template: removed description section and added definition section
05/04/2018	Biennial review approved and Effective 08/01/2018: Modifier 58 removed
10/04/2016	Annual review with language updates for clarity and no changes to the policy criteria; added surgical assistant modifiers
09/01/2015	Initial policy approved and effective date

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- American Medical Association (AMA) Current Procedural Terminology (CPT®) Professional Edition 2020

Definitions

Once per Lifetime procedures	Procedures that, clinically, anatomically, code description, or based on coding instructions, are performed once per lifetime on an individual patient by a physician(s) or other qualified healthcare provider(s).
General Reimbursement Policy Definitions	

Related Policies and Materials

None

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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