

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 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 member's Anthem Blue Cross (Anthem) 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

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

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

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. 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. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan 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 Anthem, Inc. affiliated health plan.

The Health Plan 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

Description	Coding Grid
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 date 08/01/2018: Modifier 58 removed
10/01/2016	Initial policy approval and effective date



References and Research Materials

This policy has been developed through consideration of the following:

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

Definitions		
Once per Lifetime	Procedures that, clinically, anatomically, code description, or based on coding	
procedures	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

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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