

# Once-Per-Lifetime Procedures

Reimbursement Policy ID: RPC.0020.NCDS

Recent review date: 01/2026

Next review date: 11/2027

*AmeriHealth Caritas VIP Care 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 VIP Care 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 VIP Care.

Certain procedures can be performed only once in a 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 one in a patient's lifetime. Providers must submit claims, using appropriate CPT/HCPCS codes and their modifiers, consistent with AmeriHealth Caritas VIP Care billing and other guidelines. Services must be medically necessary.

## Exceptions

See Reimbursement Policy RPC.0019.NCDS for discontinued procedures.

## Reimbursement Guidelines

AmeriHealth Caritas VIP Care has edits to prevent payment of 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.

An associated modifier may indicate for a once-per-lifetime procedure:

- If a bilateral or unilateral procedure was performed. See Reimbursement Policy RPC.0006.NCDS on Bilateral Procedures.
- If co-surgeons and/or an assistant-at-surgery were involved in a surgical case. See also Reimbursement Policies RPC.0005.NCDS and RPC.0004.NCDS on co-surgeons and assistant surgeons, respectively.
- If surgical procedures were staged or if certain components of the global surgical package were split among different providers. See Reimbursement Policy RPC.0012.NCDS on Global Surgical Package.

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

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS).
- III. CMS Fee Schedule(s).

## Attachments

N/A

## Associated Policies

RPC.0019.NCDS Discontinued Procedures (Modifier 53)  
RPC.0006.NCDS Bilateral Procedures  
RPC.0005.NCDS Co-Surgeon  
RPC.0004.NCDS Assistant Surgeon  
RPC.0012.NCDS Global Surgical Package

## Policy History

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| 09/2025 | Reimbursement Policy Committee Approval |
| 04/2025 | Revised preamble                        |
| 04/2024 | Revised preamble                        |

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|---------|---|
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section   |
| 01/2023 | Template revised <ul style="list-style-type: none"> <li>• Revised preamble</li> <li>• Removal of Applicable Claim Types table</li> <li>• Coding section renamed to Reimbursement Guidelines</li> <li>• Added Associated Policies section</li> </ul> |