

Once in a Lifetime Procedures

Policy Number	OIL10082014RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	10/08/2014
----------------------	---------------	--------------------	--	------------------------------	------------

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT copyright 2010 (or such other date of publication of CPT) American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Proprietary information of UnitedHealthcare. Copyright 2014 United HealthCare Services, Inc.

Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
Modifiers	2
CPT/HCPC Codes	2
Modifiers	8
Questions and Answers	8
History	8

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American

Once in a Lifetime Procedures

Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

The Once in a Lifetime Procedures Policy identifies procedures that because of the Current Procedural Terminology (CPT®) code description and/or human anatomy can be performed by a physician(s) or other health care professional(s) only once in a patient's lifetime.

Reimbursement Guidelines

UnitedHealthcare will reimburse certain procedures only once during a patient's lifetime. Once in a Lifetime Procedures are not limited to a single 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. Under this policy, UnitedHealthcare provides reimbursement for only one procedure from a designated Code Family during a patient's lifetime.

For example, there are four separate appendectomy CPT codes that can be used, based upon the particular circumstance, to report the removal of the appendix. The four codes, listed below, make up the Code Family that describes the removal of an appendix.

Appendectomy Code Family

- 44950: Appendectomy
- 44955: Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
- 44960: Appendectomy; for ruptured appendix with abscess or generalized peritonitis
- 44970: Laparoscopy, surgical, appendectomy

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. In the appendectomy example, a single code from the Appendectomy Code Family will be reimbursed only once during a patient's lifetime, because each person has only one appendix and can have only one appendectomy during his or her lifetime.

Refer to the "Attachment" section for a complete list of Once in a Lifetime Procedures, listed by CPT code and Code Family.

Modifiers

There may be situations that require the code(s) for a Once in a Lifetime Procedure to be submitted more than once during a patient's lifetime. In such cases, more than one Once in a Lifetime Procedure, whether the same code or a different code from the same Code Family, will be considered separately for reimbursement if reported with one of the following modifiers:

- Modifier 53 - Discontinued Procedure
- Modifier 55 - Postoperative Management Only
- Modifier 56 - Preoperative Management Only
- Modifier 58 - Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional

For additional information related to the percentage of the allowable fee to be paid when one of these modifiers is appended to a claim for a subsequent procedure, please refer to the Discontinued Procedure, Split Surgical Package and/or Global Days policies.

CPT/HCPC Codes

Family	Code	Description
Appendectomy	44950	Appendectomy;

Once in a Lifetime Procedures

	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
	44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
	44970	Laparoscopy, surgical, appendectomy
Cervical Stump Excision	57540	Excision of cervical stump, abdominal approach;
	57545	Excision of cervical stump, abdominal approach; with pelvic floor repair
	57550	Excision of cervical stump, vaginal approach;
	57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
	57556	Excision of cervical stump, vaginal approach; with repair of enterocele
Cholecystectomy	47562	Laparoscopy, surgical; cholecystectomy
	47563	Laparoscopy, surgical; cholecystectomy with cholangiography
	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
	47600	Cholecystectomy;
	47605	Cholecystectomy; with cholangiography
	47610	Cholecystectomy with exploration of common duct;
	47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy
Circumcision	47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
	54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
Colectomy	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
	44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
	44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
	44155	Colectomy, total, abdominal, with proctectomy; with ileostomy
	44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
	44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
Craniotomy	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
	61542	Craniotomy with elevation of bone flap; for total hemispherectomy
Cystectomy	51570	Cystectomy, complete; (separate procedure)
	51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

Once in a Lifetime Procedures

	51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
	51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
	51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
	51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
	51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
Epididymectomy	54861	Epididymectomy; bilateral
Gastrectomy	43620	Gastrectomy, total; with esophagoenterostomy
	43621	Gastrectomy, total; with Roux-en-Y reconstruction
	43622	Gastrectomy, total; with formation of intestinal pouch, any type
Glossectomy	41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
	41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
Hysterectomy	51925	Closure of vesicouterine fistula; with hysterectomy
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
	58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
	58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
	58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
	58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection
	58260	Vaginal hysterectomy, for uterus 250 g or less;
	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control

Once in a Lifetime Procedures

58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy

Once in a Lifetime Procedures

	58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
	58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
	58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
	58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
	59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
Laryngectomy	31360	Laryngectomy; total, without radical neck dissection
	31365	Laryngectomy; total, with radical neck dissection
Pancreatectomy	48155	Pancreatectomy, total
Pelvic Exenteration	51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
Penile amputation	54125	Amputation of penis; complete
	54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
	54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
Pneumonectomy	32440	Removal of lung, pneumonectomy;
	32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
	32445	Removal of lung, pneumonectomy; extrapleural
Proctectomy	45110	Proctectomy; complete, combined abdominoperineal, with colostomy
	45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
	45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
	45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
	45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
	45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
	45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy

Once in a Lifetime Procedures

	45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
Prostate Enucleation	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
Prostatectomy	55810	Prostatectomy, perineal radical;
	55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
	55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
	55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
	55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
	55840	Prostatectomy, retropubic radical, with or without nerve sparing;
	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
Rhinectomy	30160	Rhinectomy; total
Splenectomy	38100	Splenectomy; total (separate procedure)
	38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
Subtotal Prostatectomy	55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and /or dilation, and internal urethrotomy)
Thyroidectomy	60240	Thyroidectomy, total or complete
	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
	60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
	60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
	60271	Thyroidectomy, including substernal thyroid; cervical approach
Trachelectomy	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
	57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
Umbilectomy	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

Once in a Lifetime Procedures

Urethrectomy	53210	Urethrectomy, total, including cystostomy; female
	53215	Urethrectomy, total, including cystostomy; male
Uvulectomy	42140	Uvulectomy, excision of uvula
Vaginectomy	57110	Vaginectomy, complete removal of vaginal wall;
	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
Vulvectomy	56625	Vulvectomy simple; complete
	56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
	56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy

Modifiers

Code	Description
53	Discontinued Procedure
55	Postoperative Management Only
56	Preoperative Management Only
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional

Questions and Answers

Q:	Would there ever be an instance where a CPT code for a Once in a Lifetime Procedure may be reported more than once?
A:	Yes, there are instances where a CPT code for a Once in a Lifetime Procedure may be reported more than once. Modifiers may be used to indicate a procedure or service has been altered in some way, but not changed in its actual code description. For example, by definition, modifier 53 (Discontinued Procedure) is to be used when a procedure is terminated for unforeseeable circumstances. Per coding guidelines, the procedure code would be initially reported with modifier 53 appended to the CPT code to indicate the discontinued procedure and then at a later time, the CPT code would be submitted again when (if) the procedure took place in its entirety.

History

Date	Revisions
10/08/2014	New Policy