Reimbursement Policy

Title: Once in a lifetime procedure	
Policy Number: RP17	**Applies to:** ☒ Commercial ☒ Level Funded
Effective Date: 11/1/2026	☒ Medicare Advantage ☐ Medicaid
Last Updated:	☒ Medicare Select ☒ Medicare Supplement

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of 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 clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

Once In a lifetime procedure: A procedure that can be performed by a physician(s) or other qualified health care professional(s) only once in a patient's lifetime. Identifies procedures that because of human anatomy can only be performed once in a patient's lifetime. Once in a lifetime procedures are not limited to a single Current Procedural Terminology (CPT®) code, but may be represented by code families.

Code family: Code families aggregate multiple CPT codes for the same anatomic service. Reimbursement is limited to one procedure from that family during a patient's lifetime.

Policy

Quartz 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
- 44955
- 44960
- 44970

If Quartz receives a Once in a lifetime procedure reported on two separate claims with different dates of service, only one claim will be paid. Separate reimbursement will be considered when one of the following modifiers has been appended to the procedure code:

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 during the Postoperative period.
Modifier 80, 81, 82, and AS-Assistant at Surgery

Related Policies

Reduced and Discontinued Service Modifiers- Quartz Provider Manual

Global Surgical Package- Quartz Provider Manual

Resources

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

8/6/2026	Document created	Payment Integrity Department