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PAYMENT POLICY ID NUMBER 26-089

Original Effective Date: 11/12/2026

Revised: N/A

Once in a Lifetime Procedures

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DESCRIPTION:

This payment policy outlines claims processing and reimbursement limits for professional services that, based on human anatomy or Current Procedural Terminology (CPT®) / Healthcare Common Procedure Coding System (HCPCS) code description, can only be performed and reimbursed once per member lifetime.

The policy applies to Florida Blue products and lines of business, including commercial and Medicare Advantage plans reported on a CMS-1500 or equivalent claim form.

REIMBURSEMENT INFORMATION:

A Once in a Lifetime Procedure may be represented by a single CPT®/HCPCS code or a code family (a group of equivalent codes describing the same or similar service). Florida Blue reimburses only one procedure from each designated code family during a member's lifetime.

The once-per-lifetime restriction for code families reflects fundamental anatomical constraints. For example, an appendectomy procedure can occur only once, since each person has only one appendix. Only one code from the appendectomy code family will be reimbursed during a patient's lifetime. Subsequent claims from this family will be denied, regardless of surgical approach (open or laparoscopic) or intraoperative findings (such as rupture).

When a Once in a Lifetime procedure is billed and paid, subsequent services or surgeries involving that removed body part or organ are not reimbursable. For example: once a thyroidectomy (total or complete) is performed (CPT® 60240 or 60241), subsequent aspiration or injection procedures of thyroid cysts (CPT® 60100) are not reimbursable.

When a Once in a Lifetime procedure code must be reported more than once due to clinical circumstances, to be considered for reimbursement, the claim must include the appropriate CPT®/HCPCS modifier (e.g., modifier 53. 55, 56, 62, 66, 80, AS, RT/LT). Claims lacking required modifiers will automatically deny as lifetime duplicates if a prior paid claim exists in the member's history.

BILLING/CODING INFORMATION:

Any procedure code identified within once in a lifetime grouping is restricted to a maximum of one (1) per member per lifetime across all historical claim files. The link to Florida Blue's list of Once in a Lifetime Procedures can be found below.

Once in a Lifetime Procedures

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Anatomical Modifier Requirement Policy 23-081

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*

GUIDELINE UPDATE INFORMATION:

11/12/2026	New policy established

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