

Unplanned Return to Operating Room – Commercial (Modifier 78)

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health’s process, for the Commercial line of business, when professional claims are submitted with Modifier 78.

Policy Detail:

- I. In alignment with the Centers for Medicare and Medicaid Services (CMS), Modifier 78 should be submitted when the procedure is for postoperative treatment, which required a return trip to the operating room by the same physician or other qualified healthcare physician.

- II. Professional claims submitted with Modifier 78 that have a Global Days Value of 010 or 090 will be reimbursed at eighty-four percent (84%) of the allowed amount, unless otherwise specified in your provider contract with Network Health.

CMS applies a 0, 10, or 90-day global period to certain procedures as follows:

Global Period Assigned by CMS	Value Description
000	Endoscopic or minor procedures with related preoperative and postoperative relative values on the day of the procedure are reimbursable services. Evaluation and management (E/M) services on the day of the procedure are not reimbursable except as noted within this guideline*.
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10-day postoperative period are included in the global package. E/M services on the day of the procedure and during the 10-day postoperative period is not reimbursable except as noted within this guideline*. Procedures having a 0, 10 or 90-day global value that are performed during the postoperative period of a procedure having a 10-day global value are included in the global package of the initial procedure and are not separately reimbursable except as noted within this guideline*.
090	Major procedures with a 1-day preoperative period and 90-day postoperative period are included in the global package. E/M services on the day prior to the procedure, the day of the procedure, and during the 90-day postoperative period are not reimbursable

	except as noted within this guideline*. Procedures having a 0, 10, or 90-day global value that are performed during the postoperative period of a procedure having a 90-day global value are included in the global package of the initial procedure and are not separately reimbursable except as noted within this guideline*.
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Definitions:

Modifier 78: Unplanned return to the operating/procedure room by the same physician or other qualified health care professional, following initial procedure for a related procedure during the postoperative period.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Related Policies:

*Un-Bundling Policy

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