

Unplanned Return to Operating Room-Modifier 78 (COM)

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:

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.

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. 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 Payment Policy

- Please see Network Health’s Un-Bundling Payment Policy for additional information regarding un-bundled claim processing.

Origination Date: 6/29/2022

Update Date: 5/12/2023

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