

# Payment Policy

<b>Title</b>	<b>Modifier 78-Unplanned Return to the Operating Room by the Same Physician for a Related Procedure During Post-Operative Period</b>		
<b>Number</b>	<b>CP.PP.240.v2.8</b>		
<b>Last Approval Date</b>	01/08/25	<b>Original Effective Date</b>	01/01/05
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• <i>Modifier 58 – Staged or Related Procedure or Service by the Same Physician or Other Qualified Healthcare Professional During Post-Operative Period</i></li> <li>• <i>Modifier 79 - Unrelated Procedure/Service by the Same Provider During Post-Operative Period</i></li> <li>• <i>Global Surgery</i></li> </ul>		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define when the Plan recognizes services appended with Modifier 78 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<b>Scope</b>	Applies to all Premiera Blue Cross, Premiera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premiera Blue Cross HMO lines of business and products.
<b>Policy</b>	<p>The Plan recognizes Modifier 78- <i>Unplanned return to the Operating Room by the Same Physician for a Related Procedure During Post-Operative period</i> when appended to a procedure warranting an <b>unplanned return</b> to the operating room, by the same physician or other qualified healthcare professional, during the global period of the initial procedure for a <b>related procedure</b> or treatment of complications requiring a return to the operating room during the post-operative period.</p> <p>Procedure global periods are established and identified in the current CMS National Physician Fee Schedule (<a href="#">LINK</a>) in the column labeled "Global Days". Unplanned surgeries do not restart or begin a new global period.</p> <p>If the unplanned return is for an <b>unrelated procedure</b> and both are performed by the <b>same</b> provider who performed the initial service, use Modifier 79- <i>Unrelated Procedure/Service by the Same Provider During Post-Operative Period</i>.</p> <p>If the return to the operating room is for a <b>planned</b> or staged <b>procedure</b>, use Modifier 58- <i>Staged or Related Procedure or Service by the Same Physician or Other Qualified Healthcare Professional during Post-Operative Period</i>.</p> <p>Reimbursement for services appended with modifier 78 will be adjusted to 75% of the provider's applicable fee schedule allowed amount.</p>

<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
<b>Exceptions</b>	
<b>Laws, Regulations &amp; Standards</b>	None
<b>References</b>	<ul style="list-style-type: none"> <li>American Medical Association's Current Procedural Terminology (AMA/CPT) codebook</li> <li>Centers for Medicare and Medicaid Services National Physician Fee Schedule (NPFS)</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Annual Review Dates</b>	01/08/25; 02/05/24; 03/13/23; 04/08/22; 04/16/21; 04/30/20; 05/24/19; 06/05/18; 08/11/17; 09/14/16; 01/08/16; 01/11/15; 01/12/14; 01/13/13; 01/26/12; 01/27/11; 02/12/10; 03/24/09; 06/16/08; 04/11/06; 08/29/05; 06/27/05; 07/30/04	
<b>Version History</b>	06/05/18	Annual Review; no changes
	05/24/19	In the Policy section, identified which column on the CMS National Fee Schedule the global days indicator is located
	04/30/20	Annual review; no changes
	04/16/21	<ul style="list-style-type: none"> <li>Added Cross Reference to Modifier 76 Payment Policy.</li> <li>Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms.</li> <li>Added LINK to the National Physician Fee Schedule.</li> <li>Added paragraph referencing Modifier 76 for repeat of the same identical procedure.</li> </ul>
	04/08/22	Annual review; no changes
	03/13/23	Annual review; no changes
	02/05/24	Removed references to modifier 76 for an unplanned return to the OR for a repeat of the same original surgical procedure in the global period of the original surgery.
	01/08/25	Removed the statement from the Exceptions section: " <b>Oregon providers:</b> Reimbursement will be 100% of the provider's applicable Fee Schedule allowed amount."