AmeriHealth Caritas
District of Columbia

# Modifier 78

Reimbursement Policy ID: RPC.0069.5400

Recent review date: 02/2024

Next review date: 10/2025

*AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

When an unplanned return to the operating or procedure room occurs during the postoperative period of another procedure, modifier 78 must be appended to the appropriate surgical codes for proper reimbursement.

## Exceptions

Modifier 78 is not appropriate for Place of Service (POS) 11 (office).

## Reimbursement Guidelines

AmeriHealth Caritas District of Columbia recognizes claims submitted with Modifier 78 when an unplanned related return to the operating room occurs during the global period of the original procedure by the same provider or same Tax Identification Number (TIN). Modifier 78 is appended to claims with a global surgical period of 010 or 090 days as determined by the Medicare Physician Fee Schedule (MPFS). See reimbursement policy RPC.0012 for Global Surgical Package & Split Surgical Care.

AmeriHealth Caritas District of Columbia will reimburse for the "intraoperative" portion of the procedure only, not including preoperative and postoperative care.

## Definitions

**Modifier 78-Unplanned Return to the Operating/Procedure Room**
The 78 modifier is used to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following the initial procedure).

## Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
IV. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf
V. District of Columbia Department of Health Care Finance (DHCF) Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

RPC.0012.5400 Global Surgical Package & Split Surgical Care

## Policy History

| | |
|---|---|
| 04/2024 | Revised preamble |
| 02/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section |
| 01/2023 | Template Revised<br>• Revised preamble<br>• Removal of Applicable Claim Types table<br>• Coding section renamed to Reimbursement Guidelines<br>• Added Associated Policies section |