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Modifier 78 Fact Sheet

Definition:

- Indicates the return to an operating room for a related procedure during the post-operative period

Appropriate Usage:

- Surgery procedure codes with 010 or 090 global periods on the Medicare Physician Fee Schedule Database
- To report a procedure, related to the original procedure, performed in an operating room* (OR) during the post-operative period
- To treat the patient for complications resulting from the original surgery (**Note:** The CPT definition for the modifier does not limit its use to treatment for complications)
- Used to identify a return to the OR on the same day as the procedure or during the post-operative period
- When the procedure code used to describe a service for treatment of complications is the same as the procedure code used in the original procedure, modifier 78 is still the correct modifier to use.

Inappropriate Usage:

- For any procedure code other than a surgery with 010 or 090 global periods on the Medicare Physician Fee Schedule Database
- When the surgery is unrelated to the original procedure
- When performed any place other than the Operating Room.*

Facts:

- Modifier 78 Reimbursement is for the intraoperative percentage.
- Modifier 78 does not begin a new post-operative period.

*An OR for this purpose is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, or an endoscopy suite. It does not include a patient's room, a minor treatment room, a recovery room, or an intensive care unit.



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Example:

The physician performed a repair of an abdominal aneurysm. Later, the patient has internal bleeding and needs to return to the operating room to have suturing of a bleeder.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										\$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE										ORIGINAL REF. NO.									
1. 4413										3.										23. PRIOR AUTHORIZATION NUMBER									
2. 9980										4.																			
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG			D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS			F. \$ CHARGES			G. DAYS OR UNITS			H. EPSDT Family Plan			I. ID. QUAL.			J. RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #															
1	06	05	06			21	35082		1	1500.00	001		NPI	1234567890															
2	06	05	06			21	35840	78	1	750.00	001		NPI	1234567890															
3													NPI																

Physician is billing a Modifier 78 incorrectly on an Evaluation and Management service during the postoperative period.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										\$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE										ORIGINAL REF. NO.									
1. 4413										3. 3462										23. PRIOR AUTHORIZATION NUMBER									
2. 9980										4.																			
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG			D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS			F. \$ CHARGES			G. DAYS OR UNITS			H. EPSDT Family Plan			I. ID. QUAL.			J. RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #															
1	06	05	06			21	35082		1	1500.00	001		NPI	1234567890															
2	06	06	06			11	99214	78	3	75.00	001		NPI	1234567890															
3													NPI																