



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
- 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
- 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 intra-operative 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.



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.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES															
										17b. NPI		FROM	TO														
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
										<input type="checkbox"/> YES <input type="checkbox"/> NO																	
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.																	
2. 9980										4.		23. PRIOR AUTHORIZATION NUMBER															
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. EPISODE (Family Plan)		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To										SERVICE				(Explain Unusual Circumstances)		POINTER											
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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.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES															
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19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
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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.															
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2. 9980										4.		23. PRIOR AUTHORIZATION NUMBER															
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. EPISODE (Family Plan)		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To										SERVICE				(Explain Unusual Circumstances)		POINTER											
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