### Reimbursement Policy

<table>
<thead>
<tr>
<th>Subject: Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date: 11/16/18</td>
</tr>
</tbody>
</table>

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:
- Reject or deny the claim.
- Recover and/or recoup claim payment.

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, Anthem allows reimbursement for claims billed with Modifier 78 when the following criteria are met:</th>
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<tbody>
<tr>
<td></td>
<td>The return to the operating or procedure room is unplanned.</td>
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<tr>
<td></td>
<td>The procedure appended with Modifier 78 is:</td>
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</tbody>
</table>

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to [https://mediproviders.anthem.com/ky/pages/reimbursementpolicies.aspx](https://mediproviders.anthem.com/ky/pages/reimbursementpolicies.aspx).*****
Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period

- The appropriate surgical code for the procedure performed.
- Performed by the same physician who provided the initial procedure.
- Related to the initial procedure.
- Performed during the postoperative period of the initial procedure.

Reimbursement is based on 70% of the fee schedule or contracted/negotiated rate of the surgical procedure code when the modifier is valid for the service performed. Reimbursement is based on the surgical procedure only and does not include preoperative or postoperative care. Procedures rendered during the postoperative period and not billed with Modifier 78 are normally denied as included in the global surgical package.

When an assistant surgeon is used during the global period in the same operative session, assistant surgeon rules apply.

**Nonreimbursable**
Anthem does not allow reimbursement for Modifier 78 billed in the following circumstances including but not limited to:
- With nonsurgical codes
- With codes denoting subsequent, related or redo in the description

**History**
- Biennial review approved and effective 11/16/18: Policy language updated
- Biennial review approved 11/07/16
- Biennial review approved 10/31/14: History and policy template updated
- Initial approval and effective 01/01/14

**References and Research Materials**
This policy has been developed through consideration of the following:
- CMS
- State Medicaid
- State contract
- The Essential RBRVS, 2014 edition

**Definitions**
- **Modifier 78**: used to indicate that a subsequent procedure was performed during the postoperative period of the original surgical procedure; the subsequent procedure must be related to the original procedure and must require a return trip to the operating or procedure room

**General Reimbursement Policy Definitions**

**Related Policies**
- Assistant at Surgery (Modifiers 80/81/82/AS)
**Related Materials**

<table>
<thead>
<tr>
<th>Related Materials</th>
<th>None</th>
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- Modifier Usage
- Multiple and Bilateral Surgery: Professional and Facility Reimbursement