



Effective 6/19/2026

Lines Of Business All Lines of Business

Modifier 78: Unplanned Return to Procedure Room

DISCLAIMER

This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: healthplan.org.

DEFINITIONS, ACRONYMS, TERMS

Covered Service	Medically necessary services, as determined by the plan and described in the applicable benefit plan, for which a member is eligible for coverage
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CPT	Current Procedural Terminology
Fee Schedule	The complete listing of rates for services that represents payment for each unit of service allowed based on applicable coded service identifier(s) for covered services
HCPCS	Healthcare Common Procedure Coding System
Payment Recovery	Request to return payment or retraction of payment by offsetting future payments

BACKGROUND

A modifier is two characters (letters or numbers) appended to a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. The modifier provides additional information about the product or service without changing the meaning of the code billed.

A pricing modifier is a modifier that causes a pricing change for the code billed.

POLICY

Modifier 78	Unplanned return to the procedure room by the same practitioner
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Modifier 78 is required when there is an unplanned return to the operating room by the same practitioner following an initial procedure during the post-operative period.

Modifier 78 should **not** be used with nonsurgical codes i.e., pre-operative or post-operative care.

Payment Impact

Line of Business	Percentage (%) of Fee Schedule
Commercial	80%
Medicare	80%
Mountain Health Trust	80%
PEIA	80%
Self-funded/ASO	80%

As a reminder, The Health Plan (THP) applies claims edits to all services including those with modifiers.