Part B Insider (Multispecialty) Coding Alert

MODIFIERS: Can't Decide on a Modifier: Check the Global Period

Handy tips for distinguishing the 58 and 78 modifiers

The **American Medical Association** plans to issue clarifications on when to use modifiers 58 (Staged procedure) and 78 (Return to the operating room) soon (see PBI, Vol. 6, No. 24). But in the meantime, use these tips to correctly apply these tricky modifiers.

Modifier 78 is usually for complications, such as bleeding, rupture or infection, says **Laureen Jandroep** with the **CRN Institute** in Absecon, NJ. The 58 modifier, by contrast, is for situations where a surgeon does a procedure followed by a more extensive procedure, such as a lumpectomy followed by a mastectomy.

One important thing to remember is that modifier 58 resets the global period for a surgery, and the 78 modifier doesn't, notes Jandroep. "So you have to look at the situation. Does it seem legitimate that the global should be reset?"

Also, if the description for a particular code in the CPT book says it's a staged procedure, that's a dead giveaway that you should use the 58 modifier, says Jandroep. You shouldn't use 58 with procedure codes that are described as one or more services, or for unrelated procedures. And you shouldn't use it with procedures that describe a subsequent stage, such as Mohs surgery codes 17305 or 17307.

Generally, if the physician knows up front that a procedure will have subsequent stages, that means you'll use 58, notes **Cathy Brink**, president of **Healthcare Resource Management** in Spring Lake, NJ. Usually the physician should acknowledge up front the possibility that he or she will have to return to the OR - and ideally that should be documented - when you use modifier 58.

You'll usually use modifier 78, on the other hand, for a follow up procedure that takes place relatively soon after the initial procedure, notes Jandroep. "You're not going to have a complication with an aneurysm repair two months down the road." One reason the global period doesn't reset with the 78 modifier is the fact that dealing with a complication usually won't have a longer global period than the original procedure.

You should also be careful to avoid using 78 when the surgeon repeats the original procedure. For that situation you should use modifier 76 (Repeat procedure by same physician) instead. You also shouldn't use the 78 modifier if the follow-up procedure doesn't happen in the operating room. Some physicians have faced investigation from the Part B carriers for using the 78 modifier for treating post-operative complications in the office setting, Jandroep reports.