

Coding Policy

Modifiers -58, -78, and -79: Staged, Related, and Unrelated Procedures Within the Global Period of Another Procedure

CODING POLICY NUMBER: 72

Effective Date: 10/1/2025

Last Review Date: 7/2025

Next Annual Review: 2026

POLICY STATEMENT.....	1
PROCEDURE.....	2
REFERENCES	4
POLICY REVISION HISTORY	4

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

☒ Providence Health Plan Participating Providers (Excludes Facilities)

☒ Non-Participating Practitioners

☒ Commercial

☒ Medicaid/Oregon Health Plan

☒ Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Global periods are defined by the “Global Days” indicator on the Medicare Physician Fee Schedule (MPFS). The global period of a procedure includes all related procedures and Evaluation and Management (E/M) services performed within that global period.
- II. All procedures billed within the global period of a procedure with a Global Days indicator value of 010 or 090 days on the MPFS must be billed with modifier 58, 78, or 79, as appropriate. If one of these modifiers is not appropriate, the service is not separately payable.
- III. Related procedures billed within the global period of another procedure are not paid separately, except staged procedures (modifier 58) or related procedures which require a return to the operating room (modifier 78).

PROCEDURE

DEFINITIONS

- **Modifier 58:** Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
- **Modifier 78:** Unplanned Return to the **Operating/Procedure Room** by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
 - For purposes of this policy, an operating/procedure room is defined as a place of service equipped and staffed specifically for the sole purpose of performing procedures. This includes a facility operating suite, cardiac catheterization suite, laser suite, and endoscopy suite but **does not include** patient rooms, minor treatment rooms (including **any procedures performed in the physician’s office**), recovery rooms or intensive care units (unless the critical nature of the patient’s condition does not permit transport to an operating room). **Modifier 78 may not be used with place of service 11 (office).**
- **Modifier 79:** Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period.

GENERAL

The longest global period for any procedure code from the original date of surgery applies to the entire surgical session and all subsequent services until the global period is complete.

Failure to use a required modifier when appropriate may result in denial of the subsequent surgery. Incorrect use of a modifier when not appropriate may also result in denial of the subsequent surgery.

Modifiers 58, 78, and 79 are considered valid for procedures with a Global Days indicator value of 010 or 090 days on the MPFS.

Modifiers 58, 78, and 79 are not valid for use with Evaluation and Management (E/M) codes or any other code with a Global Days indicator value of 000, XXX, or YYY on the MPFS.

Modifiers 58, 78, and 79 are mutually exclusive to one another; only one of these modifiers may apply to a service or procedure performed within a postoperative global period.

Services may not be “unrelated” to the procedure code creating the postoperative global period and also “related” to another procedure code performed by the same physician during that same original surgical session.

- Example: Septoplasty (30520, 90-day global) and a functional endoscopic sinus surgery (FESS, 0-day or 10-day global) are performed during the same surgical session. Endoscopic sinus debridement (31237) is performed in the office 14 days later. Because the debridement is related to the FESS, then it is also related to the septoplasty, and the 90-day global period applies to the post-operative sinus debridement.

Company follows guidelines in the National Correct Coding Initiative Policy Manual, Chapter IV, which state: “The application of external immobilization devices (casts, splints, strapping) at the time of a procedure includes the subsequent removal of the device when performed by the same entity (e.g., physician, practice, group, employees, etc.) Providers/suppliers shall not report removal or repair CPT codes 29700-29750 for those services. These removal or repair CPT codes may only be reported if the initial application of the cast, splint, or strapping was performed by a different entity.” It is not appropriate to bill CPT codes 29700-29750 with any modifier following a procedure performed by the same entity.

Determining Whether Services Are Related, Staged, or Unrelated

When determining whether a subsequent procedure is related, staged, or unrelated to the original surgery, both the reason for the original surgery and the reason for the subsequent procedure must be considered:

- Services treating complications from the original surgery are always related.
- Procedures to treat or assist with expected developments in the healing process are always related.
- Services associated with returning the patient to the appropriate post-procedure state are always related, and unless they require a return to the operating/procedure room, reimbursement is included in the global surgery fee for the original surgical procedure(s).
- Procedures to treat the same or similar problems in the contralateral, non-operative organ, extremity, or joint are unrelated.
- When the subsequent procedure would not have been needed if the original surgery had never been performed:
 - Services on the operative site or contiguous structures are related to the original surgery.

- Services on a different body organ or unrelated operative site may be unrelated to the original surgery. (In addition to modifier 79, use XS or another anatomical modifier as appropriate.)

REIMBURSEMENT

Company will reimburse procedures reported with modifier 78 at 70% of the global allowance for that procedure.

Modifiers 58 (staged) and 79 (unrelated) are not subject to a global period allowance reduction. Documentation may be required to verify the services were staged or unrelated to the original surgical session.

Modifiers 58, 78, and 79 do not bypass multiple procedure payment reductions (MPPR), bilateral fee adjustments, assistant surgeon fee adjustments, or any other applicable adjustments which may apply to a particular line item or situation.

REFERENCES

1. Centers for Medicare and Medicaid Services (cms.gov)
2. American Medical Association. Current Procedural Terminology (CPT)

POLICY REVISION HISTORY

Date	Revision Summary
1/2008	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.
10/2025	Annual review. Archival of legacy modifier 78 reimbursement information.