# Repeat Procedure Modifiers 76 & 77

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

## Policy Overview

An edit will fire primarily for radiology or EKG services indicating that a procedure may require a repeat procedure modifier (76 or 77) when the same procedure code is found to have been performed on the same day.

- **Modifier 76** - Repeat Procedure or Service by **Same Physician** or Other Qualified Health Care Professional.
- It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional after the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.
- This modifier indicates the difference between duplicate services and repeated services.
- CMS defines physicians of the same group practice and same specialty as the same physician and requires that they bill as though they were a single physician.

- **Modifier 77** - Repeat Procedure by **Another Physician** or Other Qualified Health Care Professional
- It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional after the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.
- A physician may need to indicate that he or she repeated a service performed by another physician on the same day.

**Medicare Claims Processing Manual Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS) 20.6.5 - Modifiers 76 and 77 (Rev. 11937; Issued: 03-31-23; Effective: 04-01-23; Implementation: 04-03-23)**

76: Repeat procedure or service by same physician or other qualified health care professional
77: Repeat procedure by another physician or other qualified health care professional

Two repeat procedure modifiers are applicable for hospital use:

Modifier 76 is used to indicate that the same physician or qualified health care professional repeated a procedure or service.
Modifier 77 is used to indicate that another physician or qualified health care professional repeated a procedure or service.

Since OPPS claims generally span only one calendar day, modifier 76 and 77 should be used to report procedures or services that are performed in a separate operative session on the same day or separate encounter on the same day. If there is a question regarding whom the ordering physician/provider was and whether the same physician/provider ordered the second procedure, the code selected is based on whether the physician/provider performing the procedure is the same. The procedure must be the same procedure. It is listed once and then listed again with the appropriate modifier.

**20.6.6 - Modifiers for Radiology Services (Rev. 11937; Issued: 03-31-23; Effective: 04-01-23. Implementation: 04-03-23)**

52: Reduced services
59: Distinct procedural service
76: Repeat procedure or service by same physician or other qualified health care professional
77: Repeat procedure by another physician or other qualified health care professional
Level II modifiers: use as applicable

Modifiers 52, 59, 76, and 77, and the Level II modifiers apply to radiology services.

It may be necessary to indicate that a procedure or service was repeated by the same or another physician on the same day after the original procedure. This circumstance may be reported by adding an appropriate modifier (76 or 77) to the repeated procedure or service.

The key difference between the selection for the use of modifier 76 or 77 is the term “same physician” or “another physician” in the modifier definition. CMS defines physicians of the same group practice and same specialty as the same physician and requires that they bill as though they were a single physician.

**Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners**

**30.6.5** - Physicians in Group Practice (Rev. 1, 10-01-03) Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

## Examples of appropriate use of modifiers 76 & 77:

## Modifier 76:

Example:
The patient receives two chest x-rays on the same day which are interpreted by the same physician or by two physicians of the same group and the same specialty. The first interpretation is performed at 10 a.m. and the interpretation of the second x-ray is performed at 1:30 p.m.

**Submit as:**

10AM: 71045-26
1:30PM: 71045-26-**76**

Modifiers
Failure to submit appropriate modifiers may result in delay of payment or denial of service(s). When a modifier is used to indicate a repeat service, as in the above example, the first service should be submitted without the -76 modifier and the repeat service(s) should include the -76 modifier(s).

## Modifier 77:

**Providers of Different Specialties:**

Example:
Patient receives two EKGs on the same day. The first EKG is taken at 10 a.m. and Dr. A (Specialty XX) performs the interpretation. The second EKG is taken at 1:30 p.m. and Dr. B (Specialty YY) performs the interpretation.

**Submit as:**

Claim #1 Dr. A

93010-26

Claim #2 Dr. B

93010-26/**77**

**Multiple Interpretations of the Same X-ray:**

Claims for the second interpretation of the same film must be submitted with modifier 77 when performed by a different physician and must provide documentation as to why a second interpretation is medically reasonable and necessary.

A questionable finding for which the physician performing the initial interpretation believes that another physician's expertise is needed
A changed diagnosis resulting from a second interpretation of the results of the procedure.

Example:

A physician sees a patient in the emergency room (ER) and orders a single view chest x-ray. The physician reviews the x-ray, treats, and discharges the patient. While the patient was in the ER, the radiologist's findings indicate the patient did not have pneumonia and there was a suspicious area of the lung suggesting a tumor that required further testing.

**Submit as:**

Claim #1 ED Physician

71045 26

Claim #2 Radiologist

71045 26/**77**

*The narrative description field indicating suspicious area of the lung suggesting a tumor that requires further testing.

*CMS -Medicare Claims Processing Manual, Chapter 13, 100.1-Xrays and ECG's Furnished to Emergency Patients, states* "Generally, A/B MACs (B) **must pay for only one interpretation** of an EKG or x-ray procedure furnished to an emergency room patient. **They pay for a second interpretation (which may be identified using modifier "-77") only under unusual circumstances *(for which documentation is provided*)** such as a questionable finding for which the physician performing the initial interpretation believes another physician's expertise is needed or a changed diagnosis resulting from a second interpretation of the results of the procedure".

## Supplemental Information

## References

**Government Agencies**

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=53482#:~:text=CPT%20Modifier%2076%3A%20'Repeat%20procedure,duplicate%20services%20and%20repeated%20services

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=53488

**Definitions**

| Term | Definition |
|---|---|
| **Modifier 76** - Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional. | It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional after the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service. |
| **Modifier 77** - Repeat Procedure by Another Physician or Other Qualified Health Care Professional | It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional after the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service. |

## Documentation History

| Type | Date | Action |
|---|---|---|
| Effective Date | 4/4/2016 | New Policy |
| Revised Date | 8/17/2016 | Updated links |
| Revised Date | 12/12/2024 | Verified Linked and updated the templated |