MEDDATA SERVICE BUREAU | MEDTRON SOFTWARE INTELLIGENCE

100516 NEWS BLAST

ATTN: ALL PROVIDERS

EDUCATIONAL SERIES: MODIFIERS 76 & 77

An issue may exist when like/same CPT codes are billed to an insurance carrier. Claims submitted to a carrier for services provided to a beneficiary on a specified date of service that contain the same CPT code present on a previously submitted claim or on same claim may be audited for duplicate services billed. For claims that are submitted for the same beneficiary, for the same date of service, with the same CPT/HCPCS codes when those services are verified to be unique services, appropriate modifiers should be used.

Modifier 76 - Repeat procedure or service by the same provider
Modifier 77 - Repeat procedure or service by another provider

Typically used when it is necessary to report repeat procedures performed on the same day

Statistical/Informational modifiers 76 and 77 are used for documentation purposes and can affect the processing or payment of the code(s) billed to a carrier.

- To indicate that a procedure or service was **repeated** *by the same provider* subsequent to the original procedure or service, report by adding modifier 76 to the repeated procedure or service.
- To indicate that a procedure or service had to be **repeated** *by another provider*, report by adding modifier 77 to the repeated procedure or service.

NOTE: These codes may be subject to reductions.

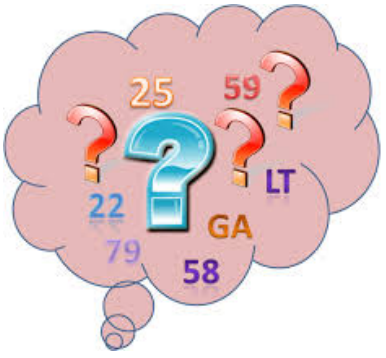
NOTE: Medicare considers two physicians in the same group with the same specialty performing services on the same day to be the 'same' physician, i.e., a Radiology Group.

Some payers and Medicare carriers may interpret modifier 76/77 differently and restrict their use to services performed on the **same** day, even though this is clearly not stated in the CPT definition. Payers that restrict the use of modifier 76/77 to the same day or same 24-hour period often use the Multiple Procedure Payment Reduction (MPPR) of 25% for the subsequent imaging 'professional component' (PC) or 50% for the subsequent imaging 'technical component' (TC) or surgical procedure.

GOOD NEWS!!!
Effective 01/1/2017 the 25% reduction on subsequent PC will be reduced to only 5%. See MM9647.

When it is medically necessary to repeat a procedure or service, the initial performance of the procedure or service should be reported in the usual manner. The repeated procedure or service should be reported on a separate claim line following the initial procedure or service, with Modifier 76/77 appended to the repeated procedure code.

Appending modifier 76 is important because it prevents the payer from assuming that the identical service is being reported a second time in error. Without the modifier, subsequent reporting of the same procedure by the same provider could mistakenly be interpreted as being a duplicate.



Modifier 76/77 should not be used to report the repeat of a planned or anticipated procedure, such as debridement's associated with an open fracture. Even if the exact same debridement service is done in the global period, it would be reported by appending a modifier 58 to the subsequent debridement because the service was planned or anticipated at the time of the original operation.

Some providers inappropriately append Modifier 59 (Distinct Procedural Service) to indicate a distinct procedure was performed when a surgical procedure is performed multiple times on the same day by the same provider for the same Medicare beneficiary.
Modifier *59 may only be used when no other modifier is appropriate*, i.e., deemed the 'modifier of last resort', and when the CPT code combination appears on the National Correct Coding Initiative (NCCI) edit tables located on the Centers for Medicare & Medicaid Services' (CMS) Website.

Documentation for modifier 59 usage indicates **two separate** procedures performed on the same day by the *same provider represented by a different session or patient encounter, different procedure or surgery, different site, or separate injury (or area of injury). (*Same provider or same specialty of a provider group)

REMINDER: Two physicians in the same group, with the same specialty, performing services for the same patient on the same day, are considered by Medicare to be the same physician.

See News Blast: 040414 Modifier 59 Usage and watch for upcoming News Blast: Educational Series: Modifier 59 including status of modifiers XE, XS, XU, XP.

Review the available resources as well as the appropriate uses of modifiers 76 and 77 below to confirm your billing policies are correct.

Modifier 76 – Repeat procedure or service by the same provider or other qualified health care professional

Appropriate Usage:
- On procedure codes that cannot be quantity billed (Surgery (10021-19499), Radiology (70010-76499), Medicine (90291-99199))
- Report each service on a separate line, using a quantity of one and append 76 to the subsequent procedures
- The same provider* performs the services *(*see above REMINDER about group practices)*
- To avoid a duplicate denial for the 3rd and subsequent lines, providers can indicate in CMS 1500 field (box) 19 the total number of services performed that day.
  For example, "71275 performed 3 times on 07-12-15"

Inappropriate Usage:
- Appending to a surgical procedure code
- Appending to each line of service
- Repeat services due to equipment or other technical failure
- For services repeated for quality control purposes
- Repeat of a planned or anticipated procedure

Modifier 77 – Repeat procedure or service by another provider or other qualified health care professional

Appropriate Usage:
- Append to the professional component of an X-Ray or EKG procedure when a different provider repeated the reading as the provider performing the initial interpretation believes another provider's expertise is needed.
- Append to the professional component of an X-Ray or EKG procedure when the patient has two or more tests and more than one provider provides the interpretation and report.
- Append when billing for multiple services on a single day and the service cannot be quantity billed. (Surgery (10021-19499), Radiology (70010-76499), Medicine (90291-99199))

Inappropriate Usage:
- Billing for multiple services considered bundled
- Billing on an Evaluation and Management Codes (99201-99499)

Claim Example

– Incorrect Submission

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan
1	07	05	15	07	05	15	11		71020	59		200 00	1	
2	07	05	15	07	05	15	11		71020	59		200 00	1	

– Correct Submission

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan
1	07	05	15	07	05	15	11		71020			200 00	1	
2	07	05	15	07	05	15	11		71020	76		200 00	1	

Resources:

WPS Medicare, Modifier 77: http://www.wpsmedicare.com/j5macpartb/resources/modifiers/modifier-77.shtml

WPS Medicare, Modifier 76: http://www.wpsmedicare.com/j5macpartb/resources/modifiers/modifier-76.shtml
http://www.wpsmedicare.com/j5macpartb/resources/modifiers/modifiers59and76.shtml

CMS Internet Only Manual (IOM) Publication 100-04, Chapter 13, Section 100.1:
https://www.cms.gov/manuals/downloads/clm104c13.pdf

Medlearn Matters, SE1314: Duplicate Claims - Outpatient: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1314.pdf

AAOS: http://www.aaos.org/news/aaosnow/dec11/managing1.asp

Contact Software Support for assistance or any questions via:

From **MED**PM or **MED**EHR Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local)
(800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609