

Internal Medicine Coding Alert

READER QUESTIONS: Can 76 Be on 1 or 2 Service Dates?

Question: I thought modifier 76 was for same-day repeat procedures, but the August 2006 Internal Medicine Coding Alert recommends reporting a repeat Pap smear with modifier 76. Can you clarify when the repeat procedure must occur related to the original?

Georgia Subscriber

Answer: The modifier's time frame seems open to interpretation. The definition of 76 in the CPT Manual Appendix A, "Repeat procedure by same physician," does not reference any dates.

But **CPT Assistant, Palmetto GBA, WPSIC** and many other insurers specifically say the modifier applies only to repeat procedures that occur on the same-day. For instance, Blue Cross Blue Shield Blue Care Network of Michigan states, "Modifier 76 should be used with repeated radiology and ECG procedures to avoid a denial related to daily maximum limits."

Many experts say that the modifier can apply to repeat procedures that a provider performs on different days. Medicare takes this stance specifically in regards to repeat Paps.

In July 2005 to create a method to bypass the frequency edit associated with Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) (every two years for low-risk beneficiaries), CMS instructed providers to use modifier 76 to indicate a repeat Pap smear. "In those situations where unsatisfactory screening Pap smear specimens have been collected and conveyed to clinical labs which are unable to interpret the test results, another specimen is needed. When the physician bills for this reconveyance, the physician shall annotate the claim with Q0091 along with modifier 76," according to CMS Transmittal 440 available at www.cms.hhs.gov/Transmittals/downloads/R440CP.pdf.