

Internal Medicine Coding Alert

READER QUESTIONS: Repeat Procedures? You May Need Modifier -77

Question: When should I use modifier -77?

Texas Subscriber

Answer: Use modifier -77 (Repeat procedure by another physician) when your internist performs the same procedure as another physician on the same day but during different encounters. Typically, IM coders will append the modifier to codes for minor surgeries or x-rays.

Example: Prior to your internist's office hours, one of your patients goes to the emergency department (ED) complaining of chest pain (786.5x). The ED nurse performs an electrocardiogram (EKG) and chest x-ray.

Because the physician determines that the patient's pain is not cardiac in nature, he sends the patient home. But later that day, the pain returns, so the patient presents to your internist. Your physician repeats the EKG and the x-ray. That means you would need to append modifier -77 to both 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report) and 71020 (Radiologic examination, chest, two views, frontal and lateral).

You should note that appending modifier -77 will not affect your reimbursement with Medicare insurers, as long as the documentation shows why the physician had to repeat the procedure. Medicare needs the modifier for informational purposes only.

Because private carriers may have different policies regarding modifier -77 that influence your reimbursement, you should check your insurer's policy before using the modifier.