Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Reader Question: Modifier 76 Denotes Repeat Procedure

Question: After our physician performed manipulation he performed an x-ray, but he was not happy with the reduction and manipulated again. The post-reduction X-ray was repeated, but our MAC denied the repeat x-ray. What modifier should we have used on it?

Answer: You should have appended modifier 76 (Repeat procedure or service by same physician or other qualified health care professional:....) when reporting the second X-ray. Confirm with your payer's guidelines because you may not be paid for the second post-reduction set of films.

For example, if your orthopedist does a closed reduction of the elbow by extending, distracting, and then gently flexing to lock the fragment in place, and confirms the same on X-ray, you report 73080 (Radiologic examination, elbow; complete, minimum of 3 views) in addition to 24577 (Closed treatment of humeral condylar fracture, medial or lateral; with manipulation) and you also append modifier 76 to 73080 to specify that the x-ray was repeated.