

## **Part B Insider (Multispecialty) Coding Alert**

### **Reader Questions: Turn to Modifiers 76 or 77 for Repeat Procedure**

Note: Modifier 59 won't apply to situations when the physician performs the exact same procedure twice.

Question: Is modifier 76 or 59 appropriate when the radiologist reviews two studies on the same date of service, but the scans don't merit the same codes?

Answer: Unless your payer tells you differently, use modifiers 76 (Repeat procedure or service by same physician or other qualified health care professional) and 77 (Repeat procedure or service by another physician or other qualified health care professional) only when the provider(s) perform the exact same exam twice.

Example 1: If a patient in the intensive care unit has two single-view chest X-rays (71010, Radiologic examination, chest; single view, frontal) on the same day, report the second exam with modifier 76 or 77 (depending on whether both exams involved the same physician).

Example 2: If a patient has a complete ankle exam (73610, Radiologic examination, ankle; complete, minimum of three views) followed later in the day by a limited exam (73600, ... two views), use modifier 59 (Distinct procedural service) to tell the payer the provider performed the exams in separate encounters.

Catch this: CPT 2011 revised the descriptors for modifiers 76 and 77 to clarify that the modifiers don't apply only to physician services. "Other qualified health care professionals" are now clearly included, as well. CPT made the same revision to modifier 78 (Unplanned return to the operating/ procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period).