



Modifier 76 Fact Sheet

Definition:

- Repeat Procedure by the Same Physician; use when it is necessary to report repeat procedures performed on the same day.

Appropriate Usage:

- On procedure codes that cannot be quantity billed
- Report each service on a separate line, using a quantity of one and append 76 to the subsequent procedures
- The **same** physician performs the services

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

Additional Information:

- Medicare considers two physicians, in the same group with the same specialty performing services on the same day as the same physician.
- For all procedure codes that cannot be quantity billed, always use a quantity of "1".
- To avoid denials, bill all services performed on one day on the same claim.
- For repeat clinical diagnostic laboratory tests, use modifier 91 if the service can not be quantity billed.
- Indicate in Loop 2400 MEA segment for electronic claims or in item 19 of the CMS 1500 claim form, the total number of services performed that day.



Example:

A second radiology service performed on the same day.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		20. \$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E) 1. 5963										22. MEDICAID RESUBMISSION CODE		22. ORIGINAL REF. NO.							
2. _____										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPISODE Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #					
From MM DD YY To MM DD YY		MM DD YY	MM DD YY	EMG	CPT/HCPCS MODIFIER			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPISODE Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #					
1	01	25	06		21	71275		1	575.00		001	NPI	0123456789						
2	01	25	06		21	71275	76	1	575.00		001	NPI	0123456789						
3												NPI							

Two subsequent services, with no original service.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		20. \$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E) 1. 5963										22. MEDICAID RESUBMISSION CODE		22. ORIGINAL REF. NO.							
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24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPISODE Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #					
From MM DD YY To MM DD YY		MM DD YY	MM DD YY	EMG	CPT/HCPCS MODIFIER			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPISODE Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #					
1	01	25	06		21	71275	76	1	575.00		001	NPI	1234567890						
2	01	25	06		21	71275	76	1	575.00		001	NPI	1234567890						
3												NPI							