



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 the electronic narrative record or Box 19 of the CMS 1500 claim form, the total number of services performed that day



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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									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES		FROM		TO		MM		DD		YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E)										<input type="checkbox"/> YES		<input type="checkbox"/> NO		22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
1. 5963														23. PRIOR AUTHORIZATION NUMBER									
2. _____																							
24. A.		DATE(S) OF SERVICE			B.		C.	D.			E.	F.	G.	H.	I.	J.	UPPLIER INFORMATION						
		From To			PLACE OF SERVICE		EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EP/PT/OT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #							
		MM DD YY MM DD YY			SERVICE			CPT/HCPCS MODIFIER															
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									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES		FROM		TO		MM		DD		YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E)										<input type="checkbox"/> YES		<input type="checkbox"/> NO		22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
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24. A.		DATE(S) OF SERVICE			B.		C.	D.			E.	F.	G.	H.	I.	J.	UPPLIER INFORMATION						
		From To			PLACE OF SERVICE		EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EP/PT/OT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #							
		MM DD YY MM DD YY			SERVICE			CPT/HCPCS MODIFIER															
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								