



Reimbursement Policy	
Subject: Modifier 76: Repeat Procedure by the Same Physician	
Policy Section: Coding	
Last Approval Date: 01/01/21	Effective Date: 01/01/21

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + MedicareSM (HMO-POS D-SNP) member's benefit plan.

The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology[®] (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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Blue Cross and Blue Shield of North Carolina
Healthy Blue + Medicare (HMO-POS D-SNP)
Modifier 76: Repeat Procedure by the Same Physician

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows reimbursement for applicable procedure codes appended with Modifier 76 to indicate a procedure or service was repeated by the same physician:

- Subsequent to the original procedure or service for professional provider claims
- On the same date as the original procedure or service for facility claims

Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, reimbursement is based on the following use of Modifier 76:

- For a nonsurgical procedure or service: 100% of the applicable fee schedule or contracted/negotiated rate
- For a surgical procedure: 100% of the applicable fee schedule or contracted/negotiated rate for the surgical component only limited to a total of two surgical procedures

Professional services, other than radiology, will be subject to clinical review for consideration of reimbursement. Providers must submit supporting documentation for the use of Modifier 76 with the claim. If a claim is submitted with Modifier 76 without supporting documentation, the claim will be denied. Providers will be asked to submit the required documentation for reconsideration of reimbursement. Failure to use Modifier 76 when appropriate may result in denial of the procedure or service.

If a repeated surgical procedure is performed with an assistant surgeon or in conjunction with multiple surgeries, assistant surgeon and/or multiple procedure rules and fee reductions apply.

Nonreimbursable

Blue Cross NC Medicare Advantage does not allow reimbursement for use of Modifier 76:

- With an inappropriate procedure code:
 - Evaluation and Management codes
 - Laboratory codes
- For any procedure repeated more than once.
- For the preoperative or postoperative components of a surgical procedure.

Related Coding

Standard correct coding applies

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Healthy Blue + Medicare (HMO-POS D-SNP)
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Policy History	
01/01/21	Initial approval and effective date

References and Research Materials
This policy has been developed through consideration of the following: <ul style="list-style-type: none">• CMS• Department of Health and Human Services, DHB Contract• State contract• Blue Cross NC Medicare Advantage contract(s)• Optum EncoderPro.com for Payers• Code Editing Guidelines

Definitions	
Subsequent	The time period after the initial procedure or service is performed and within the global period designated for that procedure or service.
General Reimbursement Policy Definitions	

Related Policies and Materials
Assistant at Surgery (Modifiers 80/81/82/AS)
Modifier Usage
Multiple Bilateral Surgery: Professional and Facility Reimbursement
Modifier 91: Repeat Laboratory Test

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