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How to Avoid Duplicate Claim Denials for Repeat Procedures

A provider may perform multiple procedures or "repeat procedures," to a patient on a single day. These are more common with radiology and clinical laboratory services. If Wisconsin Physicians Service (WPS) Medicare cannot accept multiple numbers of services (quantity billing), then the provider of service must bill separate line items for each service. Providers can apply modifier 76 or modifier 91 to the second and subsequent lines of service to avoid duplicate denials.

Providers cannot use Modifier 76 for repeat surgical procedures. Modifier 91 is only used for repeat clinical laboratory services. Providers should submit all services to WPS Medicare on the same claim. Provider can also indicate the total number of "repeat procedures" performed in item 19 of the CMS 1500 claim form (or electronic equivalent.)

A few examples follow:

Example 1: (Radiology Services)

Dr. Friday provides the professional component (interpretation and written report) for five chest x-rays (71020) taken at ABC Hospital on March 10, 2007, for John Doe. Dr. Friday should submit the following:

Line 1 71010 modifier 26
Line 2 71010 modifier 26 + modifier 76
Line 3 71010 modifier 26 + modifier 76
Line 4 71010 modifier 26 + modifier 76
Line 5 71010 modifier 26 + modifier 76

Dr. Friday should indicate "total of 5 71010/26" in item 19 of the CMS 1500 claim form (or electronic equivalent).

Example 2: (Clinical Laboratory Services)

Happy Lab USA provides four glucose; blood, reagent strips tests (82948) for Mary Doe on March 15, 2007. The provider should submit the following:

Line 1 82948
Line 2 82948 modifier 91
Line 3 82948 modifier 91
Line 4 82948 modifier 91

Happy Lab USA should indicate "total of 4 82948" in item 19 of the CMS 1500 claim form (or electronic equivalent).

Providers may contact our Customer Service representatives to determine whether the service(s) in question can be quantity billed. The telephone number is (866) 503-3807.

To view a copy of the CMS 1500 claim form instructions, please refer to the Website below:

<http://www.cms.hhs.gov/manuals/downloads/clm104c26.pdf> 

To obtain a copy of an electronic crosswalk from the CMS 1500 claim form to the ANSI X12 4010 electronic format; please refer to the [WPS Medicare Website](#).