



Provider Notice

From: Magellan Healthcare

Subject: Use correct modifiers for repeat or distinct services

Overview

When reporting repeat or distinct services provided on the same date of service, providers must use the appropriate modifiers to avoid claim denials. This guidance is intended to address situations in which the same provider, or a different provider within the same agency, group or organization, performs the same or related services on the same day.

Services are typically billed once per day; any services billed more than once on the same date of service are considered exceptions and must be supported by correct use of modifier 76, 77 or 59, along with clear documentation.

Please review the guidance below when submitting claims.

Modifier guidance

- **Modifier 76 – Repeat procedure by same provider**
Use when the same provider performs the same service more than once on the same date of service.
- **Modifier 77 – Repeat procedure by another provider**
Use when a different provider within the same agency repeats the same service on the same date of service.
- **Modifier 59 – Distinct procedural service**
Use when procedures are separate and distinct from one another, such as different sessions, sites or services, and are not typically reported together.

Documentation requirements

Documentation must clearly support the reason for the repeat or distinct service, including why the service was medically necessary and how it met criteria for the modifier used.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.