



Update: Record Requirements for Modifiers 76/77

February 25, 2020

Dear Provider, Office and Billing Staff:

Effective immediately, Care1st will no longer require medical records with the initial submission of claims containing codes with a single modifier 76 and/or 77. Please refer to the examples below.

- Example 1: Provider renders an echocardiogram in a facility and a second echocardiogram 2 hours later.
 - Billing A – **documentation not required**
 - Line 1 – 93010 for 1 unit for \$50
 - Line 2 – 93010/76 for 1 unit for \$50
 - Billing B – **documentation not required**
 - Line 1 – 93010 for 2 units for \$100

- Example 2: Provider reads shoulder X-ray #1, reads X-ray #2 two hours later, then interprets a third X-ray later in the same day.
 - Billing A – **documentation required; lines 2 and 3 appear the same**
 - Line 1 – 73020/26 for 1 unit
 - Line 2 – 73020/26/76 for 1 unit
 - Line 3 - 73020/26/76 for 1 unit
 - Billing B – **documentation not required**
 - Line 1 – 73020/26 for 3 units

- Example 3: Provider reads femur X-ray #1, two hours later reads X-ray #2, then another provider interprets X-ray #3 later in the same day.
 - Example 3 Billing A – **documentation not required**
 - Line 1 – 73551/26 for 1 unit
 - Line 2 – 73551/26/76 for 1 unit
 - Line 3 -73552/26/77 for 1 unit
 - Example 3 Billing B – **documentation not required**
 - Line 1 – 73552/26 for 2 units
 - Line 2 – 73552/26/77 for 1 unit

Please Note: Records may be requested due to circumstances unrelated to modifier usage.

If you have any questions, please call Claims Customer Service at 602-778-1800 (option 5, 4). We are open Monday through Friday from 8:00 a.m. 12:00 p.m. and 1:00 p.m. until 4:30 p.m., except for holidays.

Thank you!

Network Management

Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)

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Visit our website at www.care1staz.com

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