

## **Chapter 13. Current Procedural Terminology (CPT) Codes.**

**13.1.** As a service to the general public, the third party payment providers and to the optometrists holding Certificates of Licensure from the State of Mississippi, the Mississippi State Board of Optometry, having carefully considered the current procedural terminology code (CPT) as used for Medicare services, finds and determines that the attached listed services which are not marked appear to be services which can be lawfully rendered by all optometrists licensed by this board. A code number with a (D) indicates a service, which in the board's opinion, requires the optometrist providing such service to also hold a Certificate from this Board authorizing use of diagnostic pharmaceutical agents. A code number with a (T) indicates a service, which in the board's opinion, requires the optometrist providing such service to also hold a Certificate from this Board authorizing use of Therapeutic Pharmaceutical agents. This Rule is not intended to, nor shall it be construed to, limit in any manner the authority of an optometrist to practice to the full extent authorized by law and the license and/or certificate held by the optometrist nor shall this rule be constructed to extend such authority beyond that authorized by law. The list attached is incorporated by reference as part of this rule.

### **OFFICE OR OTHER OUTPATIENT SERVICES**

#### **NEW PATIENT**

- 99201 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 10 minutes face-to-face with patient and/or family
- 99202 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 20 minutes face-to-face with patient and/or family.
- 99203 - a detailed history;  
- a detailed examination; and  
- medical decision making of low complexity.  
Physician typically spends 30 minutes face-to-face with patient and/or family.
- 99204 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of moderate complexity.  
Physician typically spends 45 minutes face-to-face with patient and/or

family.

- 99205 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity.  
Physician typically spends 60 minutes face-to-face with patient and/or family

### **ESTABLISHED PATIENT**

- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician.

Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

- 99212 - a problem focused history;  
- a problem focused examination;  
- straightforward medical decision making.  
Physician typically spends 10 minutes face-to-face with patient and/or family.

- 99213 - a problem focused history;  
- a problem focused examination; and  
- medical decision making of low complexity  
Physician typically spends 15 minutes face-to-face with patient and/or family.

- 99214 - a detailed history;  
- a detailed examination;  
- medical decision making of moderate complexity.  
Physician typically spends 25 minutes face-to-face with patient and/or family.

- 99215 - a comprehensive history;  
- a comprehensive examination;  
- medical decision making of high complexity.  
Physician typically spends 40 minutes face-to-face with patient and/or family.

### **SUBSEQUENT HOSPITAL CARE**

- 99231 - a problem focused interval history;  
- a problem focused examination;  
- medical decision making that is straightforward or of low complexity.  
Physician typically spends 15 minutes at the bedside and on the patient's hospital floor or unit.

99232 - an expanded problem focused interval history;  
- an expanded problem focused examination;  
- medical decision making of moderate complexity.  
Physician typically spends 25 minutes at the bedside and on the patient's hospital floor or unit.

99233 - a detailed interval history;  
- a detailed examination;  
- medical decision making of high complexity.  
Physician typically spends 35 minutes at the bedside and on the patient's hospital floor or unit.

## **OFFICE OR OTHER OUTPATIENT CONSULTATIONS**

### **NEW OR ESTABLISHED PATIENT**

99241 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 15 minutes face-to-face with patient and/or family.

99242 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 30 minutes face-to-face with patient and/or family.

99243 - a detailed history;  
- a detailed examination; and  
- medical decision making of low complexity.  
Physician typically spends 40 minutes face-to-face with patient and/or family.

99244 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of moderate complexity.  
Physician typically spends 60 minutes face-to-face with patient and/or family.

99245 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity.  
Physician typically spends 80 minutes face-to-face with patient and/or family.

## INITIAL PATIENT CONSULTATIONS

### NEW OR ESTABLISHED PATIENT

- 99251 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 20 minutes at the bedside and on the patient's hospital floor or unit.
- 99252 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Physician typically spends 40 minutes at the bedside and on the patient's hospital floor or unit.
- 99253 - a detailed history;  
- a detailed examination, and  
- medical decision making of low complexity.  
Physician typically spends 55 minutes at the bedside and on the patient's hospital floor or unit.
- 99254 - a comprehensive history;  
- a comprehensive examination; and  
- a medical decision making of moderate complexity. Physician typically spends 80 minutes at the bedside and on the patient's hospital floor or unit.
- 99255 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity.  
Physician typically spends 110 minutes at the bedside and on the patient's hospital floor or unit.

## FOLLOW-UP INPATIENT CONSULTATIONS

### ESTABLISHED PATIENT

- 99261 - a problem focused interval history;  
- a problem focused examination; and  
- medical decision making that is straightforward or of low complexity.  
Physician typically spends 10 minutes at the bedside and on the patient's hospital floor or unit.
- 99262 - an expanded problem focused interval history;  
- an expanded problem focused examination; and  
- medical decision making of moderate complexity.

Physician typically spends 20 minutes at the bedside and on the patient's hospital floor or unit.

- 99263 - a detailed interval history;  
-a detailed examination; and  
- medical decision making of high complexity.  
Physician typically spends 30 minutes at the bedside and on the patient's hospital floor or unit.

## **CONFIRMATORY CONSULTATIONS**

### **NEW OR ESTABLISHED PATIENT**

- 99271 - a problem focused history  
- a problem focused examination; and  
- straightforward medical decision making.  
Usually, the presenting problem(s) are self limited or minor.
- 99272 - a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making.  
Usually, the presenting problem(s) are of low severity.
- 99273 - a detailed history;  
- a detailed examination; and  
- medical decision making of low complexity.  
Usually, the presenting problem(s) are of moderate severity.
- 99274 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of moderate complexity.  
Usually, the presenting problem(s) are of moderate to high severity.
- 99275 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity.  
Usually, the presenting problem(s) are of moderate to high severity.

## **EMERGENCY DEPARTMENT SERVICES**

### **NEW OR ESTABLISHED PATIENT**

- 99281 - a problem focused history;  
- a problem focused examination;  
- straightforward medical decision making.  
Usually, the presenting problem(s) are self limited or minor.
- 99282 - a problem focused history;

- a problem focused examination; and  
- medical decision making of low complexity.  
Usually, the presenting problem(s) are of low to moderate severity.

99283 - a problem focused history;  
- a problem focused examination; and  
- a medical decision making of moderate complexity.  
Usually, the presenting problem(s) are of moderate severity.

99284 - a detailed history;  
- a detailed examination; and  
- medical decision making of moderate complexity  
Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity.  
Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

## **COMPREHENSIVE NURSING FACILITY ASSESSMENTS**

### **NEW OR ESTABLISHED PATIENT**

99301 - a detailed interval history;  
- a comprehensive examination; and  
- medical decision making that is straightforward or of low complexity.  
Physician usually spends 30 minutes at the bedside and on the patient's facility floor or unit.

99302 - a detailed interval history;  
- a comprehensive examination; and  
- medical decision making of moderate to high complexity.  
Physician usually spends 40 minutes at the bedside and on the patient's facility floor or unit.

99303 - a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of moderate to high complexity.  
Physician usually spends 50 minutes at the bedside and on the patient's facility floor or unit.

## **SUBSEQUENT NURSING FACILITY CARE**

### **NEW OR ESTABLISHED PATIENT**

- 99311 - a problem focused interval history;  
 - a problem focused examination; and  
 - medical decision making that is straightforward or of low complexity.  
 Physician usually spends 15 minutes at the bedside and on the patient's facility floor or unit.
- 99312 - an expanded problem focused interval history;  
 - an expanded problem focused examination; and  
 - medical decision making of moderate complexity.  
 Physician usually spends 25 minutes at the bedside and on the patient's facility floor or unit.
- 99313 - a detailed interval history;  
 - a detailed examination; and  
 - medical decision making of moderate to high complexity  
 Physician usually spends 35 minutes at the bedside and on the patient's facility floor or unit.

**DOMICILIARY, REST HOME (E.G. BOARDING HOME), OR  
 CUSTODIAL CARE SERVICES**

**NEW PATIENT**

- 99321 - a problem focused history;  
 - a problem focused examination; and  
 - medical decision making that is straightforward or of low complexity.  
 Usually, the presenting problem(s) are of low severity.
- 99322 - a problem focused history;  
 - a problem focused examination; and  
 - medical decision making of moderate complexity.  
 Usually, the presenting problem(s) are of moderate severity.
- 99323 - a detailed history;  
 - a detailed examination; and  
 - medical decision making of high complexity.  
 Usually, the presenting problem(s) are of high complexity.

**ESTABLISHED PATIENT**

- 99331 - a problem focused interval history;  
 - a problem focused examination; and  
 - medical decision making that is straightforward or of low complexity.  
 Usually, the patient is stable, recovering or improving.

99332 - an expanded problem focused history;  
- an expanded problem focused examination; and  
- medical decision making of moderate complexity.  
Usually, the patient is responding inadequately to therapy or had developed a minor complication.

99333 - a detailed interval history;  
- a detailed examination; and  
- medical decision making of high complexity.  
Usually, the patient is unstable or has developed a significant complication or a significant new problem.

## **HOME SERVICES**

### **NEW PATIENT**

99341 - a problem focused history;  
- a problem focused examination; and  
- medical decision making that is straightforward or of low complexity.  
Usually, the presenting problem(s) are of low severity.

99342 - a problem focused history;  
- a problem focused examination; and  
- medical decision making of moderate complexity.  
Usually, the presenting problem(s) are of moderate severity.

99343 - a detailed history;  
- a detailed examination; and  
- medical decision making of high complexity.  
Usually, the presenting problem(s) are of high severity.

### **ESTABLISHED PATIENT**

99351 - a problem focused interval history  
- a problem focused examination; and  
- medical decision making that is straightforward or of low complexity.  
Usually, the patient is stable, recovering or improving.

99352 - an expanded problem focused interval history;  
- an expanded problem focused examination; and  
- medical decision making of moderate complexity.  
Usually, the patient is responding inadequately to therapy or has developed a minor complication.

99353 - a detailed interval history;  
- a detailed examination; and  
- medical decision making of high complexity.  
Usually, the patient is unstable or has developed a significant

complication or a significant new problem.

## **GENERAL OPHTHALMOLOGICAL SERVICES**

### **NEW PATIENT**

92002 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.

D 92004 Comprehensive, new patient, one or more visits

### **ESTABLISHED PATIENT**

92012 Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.

D 92014 Comprehensive, established patient, One or more visits

## **SPECIAL OPHTHALMOLOGICAL SERVICES**

D 92020 Conioscopy with medical diagnostic evaluation (separate procedure).

92060 Sensorimotor examination with medical diagnostic evaluation (separate procedure).

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

T 92070 Fitting of contact lens for treatment of disease, including supply of lens

92081 Visual field examination with medical diagnostic evaluation; tangent screen; autoplots or equivalent

92082 Quantitative perimetry, e.g., several isopters on Goldmann perimeter, or equivalent

92083 Static and kinetic perimetry, or equivalent

Routine tonometry is part of general and special ophthalmological services whenever indicated. It is not reported separately.

92100 Serial tonometry with medical diagnostic evaluation (separate procedure), one or more sessions, same day

D 92120 Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method

D 92130 Tonography with water provocation

92140 Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography

### **OPHTHALMOSCOPY**

D 92225 Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; initial

D 92226 Subsequent

D 92250 With fundus photography

D 92260 With ophthalmodynamometry

### **OTHER SPECIALIZED SERVICES**

92270 Electro-oculography, with medical diagnostic evaluation

D 92275 Electroretinography, with medical diagnostic evaluation

92280 Visually evoked potential (response) study, with medical diagnostic evaluation

(For electronystagmography for vestibular function studies, see 92541 et seq.)

(For ophthalmic echography (diagnostic ultrasound), See 76511-76529.)

92283 Color vision examination, extended, e.g., anomaloscope or equivalent

(Color vision testing with pseudoisochromatic plates (such as HRR or Ishihara) is not reported separately. It is included in the appropriate general or ophthalmological service.)

92284 Dark adaptation examination, with medical diagnostic evaluation

92285 External ocular photography for documentation of medical progress

92286 Specular endothelial microscopy with photographic documentation, medical evaluation and report

## REMOVAL OF OCULAR FOREIGN BODY

65205 Removal of foreign body, external eye; conjunctival superficial

67820 Correction trichiasis; epilation, forceps only

## CONTACT LENS SERVICES

The prescription of contact lenses includes specifications of optical and physical characteristics (such as power, size, curvature, flexibility, gas-permeability) it is not a part of the general ophthalmological services.

The fitting of contact lenses includes instruction and training of the wearer and incidental revision of the lens during the training period.

Follow up of successfully fitted extended wear lenses is reported as part of a general ophthalmological service (92012 etc.).

The supply of contact lenses may be reported as part of the service of fitting. It may also be reported separately by using 92391 or 92396 and modifier 26 or 09926 for the service of fitting without supply.

92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.

(For prescription and fitting on one eye, see modifier -52)

92311 corneal lens for aphakia, one eye

92312 corneal lens for aphakia, both eyes

92313 corneoscleral lens

92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia.

(For prescription and fitting of one eye, see modifier -52 or 09952)

92315 corneal lens for aphakia, one eye

92316 corneal lens for aphakia, both eyes

92317 corneoscleral lens

92325 Modification of contact lens (separate procedure), with medical supervision of adaptation

92326 Replacement of contact lens

### **OCULAR PROSTHETICS, ARTIFICIAL EYE**

92330 Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation

(If supply is not included, see modifier -26; to report supply separately, see 92393)

92335 Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply of independent technician with medical supervision of adaptation.

### **OCULAR SERVICES (INCLUDING PROSTHESIS FOR APIAKLA)**

92340 spectacles, except for aphakia; monofocal

92341 Bifocal

92342 Multifocal, other than bifocal

92352 Fitting of spectacle prosthesis for aphakia; monofocal

92353 Multifocal

92354 Fitting of spectacle mounted low vision aid; single element system

92355 Telescopic or other compound lens system

92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials)

92370 Repair and fitting spectacles; except for aphakia

92371 Spectacle prosthesis for aphakia

### **SUPPLY OF MATERIALS**

92390 Supply of spectacles, except prosthesis for aphakia and low vision aids

92391 Supply of contact lenses, except prosthesis for aphakia

(For supply of contact lenses reported as part of the service of fitting, See 92310-92313)

- 92392 Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Conventional spectacle correction includes reading additions up to 4D).
- 92393 Supply or ocular prosthesis (artificial eye)  
(For supply reported as part of the service of fitting, see 92330)
- 92395 Supply of permanent prosthesis for aphakia; spectacles (For temporary spectacle correction, see 92358)
- 92396 Contact Lenses  
(For supply reported as part of the service of fitting, see 92311, 92312) (See 99070 for the supply of other materials, drugs, trays, etc.)
- 65205\* Removal of foreign body, external eye; conjunctival superficial
- T 65210\* Conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating)
- T 65220\* Corneal, without slit lamp
- T 65222\* Corneal, with slit lamp (For repair of corneal laceration with foreign body, see 65275) (65230 has been deleted). To report, use 65235.
- T 65275 Repair of laceration; cornea, nonperforating, with or without removal foreign body
- T 65430\* Scraping of cornea, diagnostic for smear and/or culture
- T 65435\* Removal of corneal epithelium; with or without chemo cauterization (abrasion, cutterage)
- T 68020 Incision of conjunctiva, drainage of cyst
- T 68040 Expression of conjunctival follicles, e.g., for trachoma
- T 68761 Closure of the lacrimal punctum; by plug, each
- T 68800\* Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral
- T 68840 \* Probing of lacrimal canaliculi, with or without irrigation

- T 82947 Glucose, Quantitative
- T 82948 Blood, reagent strip
- D 76511 Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification
- D 76512 Contact B-scan (with or without simultaneous A-scan)
- D 76516 Ophthalmic biometry by ultrasound echography, A-scan
- D 76519 With intraocular lens power calculation
- D 76529 Ophthalmic ultrasonic foreign body localization
- T 87070 Culture, bacterial, definitive; any other source
- T 87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
- T 87181 Sensitivity studies, antibiotic; agar diffusion method per antibiotic
- T 87205 Smear, primary source with interpretation, routine stain for bacteria, fungi, or cell types
- T 99025 Initial (new patient) visit when starred (\*) surgical procedure constitutes major service at that visit
- T 99050 Services requested after hours in addition to basic service
- T 99052 Services requested between 10:00 p.m. and 8:00 a.m., in addition to basic service
- T 99054 Services requested on Sundays and holidays in addition to basic service
- T 99056 Services provided at request of patient in a location other than the physician's office which are normally provided in the office.
- T 99058 Office services provided on an emergency basis
- T 99070 Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
- T 99071 Educational supplies, such as books, tapes, and pamphlets, provided by the

physician for the patients education at cost to physician

T 99075 Medical testimony

T 99080 Special reports such as insurance forms, more than information conveyed in the usual communications or standard reporting form

T 92499 Unlisted ophthalmological service or procedure

**STARRED (\*) PROCEDURES OR ITEMS:** Certain relatively small surgical services involve a readily identifiable surgical procedure but include variable preoperative and postoperative services (e.g., incision and drainage of an abscess, injection of a tendon sheath, manipulation of a joint under anesthesia, dilation of the urethra). Because of the indefinite pre- and postoperative services, the usual "package" concept for surgical services (See above) cannot be applied. Such procedures are identified by a star (\*) following the procedure code number.

When a star (\*) follows a surgical procedure code number, the following rules apply:

- a. The service as listed includes the surgical procedure only. Associated pre- and postoperative services are not included in the service as listed.
- b. Preoperative services are considered as one of the following:
  - (1) When the starred (\*) procedure is carried out at the time of an initial visit (new patient) and this procedure constitutes the major service at that visit, procedure number 99025 is listed in lieu of the usual initial visit as an additional service.
  - (2) When the starred (\*) procedure is carried out at the time of an initial or other visit involving significant identifiable services (e.g., removal of a small skin lesion at the time of a comprehensive history and physical examination), the appropriate visit is listed in addition to the starred (\*) procedure and its follow-up care.
  - (3) When the starred (\*) procedure is carried out at the time of a follow-up (established patient) visit and this procedure constitutes the major service at that visit, the service visit is usually not added.
  - (4) When the starred (\*) procedure requires hospitalization, an appropriate hospital visit is listed in addition to the starred (\*) procedure and its follow-up care.
- c. All postoperative care is added on a service-by-service basis (e.g., office or hospital visit, cast change).

- d. Complications are added on a service-by-service basis (as with all surgical procedures).

## MODIFIERS

- 21 When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier '21' to the evaluation and management code number or by use of the separate five digit modifier code 09921. A report may also be appropriate.
- 22 Unusual services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number or by use of the separate five digit modifier code 09922.
- 24 In the case of E & M Visits, unrelated to the diagnosis for which the surgical procedure is performed, use Modifier 24 with the appropriate E & M visit code. (MCM 4821.B)
- 25 Visits on the day of a procedure are presumed to be for the purpose of routine pre- and postoperative care related to the procedure, the visit will not be paid (regardless of the charge for the procedure) unless it is for a separate and identifiable Evaluation and Management (E & M) which is above and beyond the usual pre- and postoperative service provided on the day of the procedure. In using this modifier on the E & M service, the physician is certifying that the additional services meet the requirements for modifier 25. (MCM 4822.A.7)
- 26 Professional Component: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic Services) are a combination of a physician component is reported separately, the service may be identified by adding the modifier '-26' to the usual procedure number or the service may be reported by the use of the five digit modifier code 09926.
- 50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by the appropriate five digit code describing the first procedure. The second (bilateral) procedure is identified either by adding modifier '-50' to the procedure number or by use of the separate five digit modifier code 09950.
- 51 Multiple Procedures: When multiple procedures are performed on the same day or at the same session, the major procedure or service may be reported as listed. The secondary additional, or lesser procedure(s) or Service(s) may be identified by adding the modifier '-51' to the secondary procedure or

service code(s) or by use of the separate five digit modifier code 09951. This modifier may be used to report multiple medical procedures performed at the same session, as well as a combination of medical and surgical procedures, or several surgical procedures performed at the same operative session.

- 52 Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physicians election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '-52' signifying that the service is reduced. This provides a means of reporting reduced services without distributing the identification of the basic service. Modifier code 09952 may be used as an alternative to modifier '-52'.
- 55 Postoperative Management Only: When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the usual procedure number or by use of the separate five digit modifier code 09955.
- 56 Preoperative Management Only: When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier '-56' to the usual procedure number or by use of the separate five digit modifier code 09956.
- 75 Concurrent Care, Services Rendered by More than One Physician: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed or the service may be reported by using the five digit modifier code 09975.
- 76 Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This circumstance may be reported by adding the modifier '-76' to the repeated service or the separate five digit modifier code 09976 may be used.
- 77 Repeat Procedure by Another Physician: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding modifier '-77' to the repeated service or the separate five digit modifier code 09977 may be used.
- 79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period; The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79' or by using the separate five digit modifier 09979.

(For repeat procedures on the same day, See -76).