To: AmeriHealth Caritas Delaware Providers
Date: October 14, 2026
Subject: **Repeat Procedures Modifiers 76, 77 and 91 Reimbursement Policy.**

AmeriHealth Caritas Delaware is notifying providers of reimbursement guidelines for repeat procedures billed using modifiers 76, 77 and 91, **effective immediately**.

The policy outlines billing and reimbursement requirements for procedures or laboratory tests that are repeated under certain circumstances. These guidelines are intended to promote accurate claim submission and appropriate reimbursement for repeat services.

What Providers Need to Know

Modifier 76: Identifies a repeat procedure or service performed by the same physician or other qualified health care professional.

Modifier 77: Identifies a repeat procedure or service performed by another physician or other qualified health care professional.

Modifier 91: Identifies a repeat clinical diagnostic laboratory test performed on the same day when medically necessary to obtain subsequent test results.

The use of these modifiers does not automatically guarantee separate reimbursement. Claims are subject to the applicable reimbursement policy requirements, including coding guidelines, medical necessity and other relevant criteria.

Provider Action Required

Providers are encouraged to review the Repeat Procedure Modifiers 76, 77 and 91 Reimbursement Policy to understand the applicable billing requirements, reimbursement guidelines and documentation expectations.

For additional information, please refer to the reimbursement policy available on the AmeriHealth Caritas Delaware provider website.

Thank you for your continued commitment to providing care to our members.

AmeriHealth Caritas Delaware