



Modifier 51 Fact Sheet

Medicare does not recommend reporting Modifier 51 on your claim; the processing system has hard-coded logic to append the modifier to the correct procedure code.

Definition:

- Multiple surgeries performed on the same day, during the same surgical session.
- Diagnostic Imaging Services Subject to the Multiple Procedure Payment Reduction that are provided on the same day, during the same session by the same provider

Appropriate System Usage:

- When both diagnostic procedures have an indicator of "4" in the MPFSDB "Mult Surg" column and both diagnostic procedures have the same "Diagnostic Imaging Family Indicator" in the MPFSDB
- When the same physician performs more than one surgical service at the same session.
- When the MPFSDB indicates a "01-11" in the "Diagnostic Imaging Family Indicator" column.
- When both surgical procedure codes have an indicator of "2" in the MPFSDB "Mult Surg" column.
- Append modifier 51 to the surgical procedure code with the lower physician fee schedule amount.
- Append modifier 51 to the diagnostic imaging procedure with the lower technical component fee schedule amount.

Inappropriate System Usage:

- Do not use with designated add-on-codes.
- Do not report on all lines of service.

Additional Information:

- Medicare pays for multiple surgeries by ranking from the highest physician fee schedule amount to the lowest physician fee schedule amount.
 - 100% of the highest physician fee schedule amount
 - 50% of the physician fee schedule amount for each of the other codes

- Medicare will forward the claim information showing Modifier 51 to the secondary insurance.
- Multiple surgery pricing logic also applies to assistant at surgery services.
- Multiple surgery pricing logic applies to bilateral services (modifier 50) performed on the same day with other procedures.

Example:

Correctly appended Modifier 51 for multiple procedures

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES															
										17b. NPI		FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
										<input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24.F.1)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.															
1. 45121																											
2. 55631																											
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSSIT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To		YY		SERVICE				CPT/HCPCS		MODIFIER															
MM	DD	YY	MM	DD	YY																						
1	03	14	06				21				45123			1		2130.00		001		NPI		1234567890					
2	03	14	06				21				45136	51		2		574.00		002		NPI		1234567890					
3																				NPI							

Incorrectly appended Modifier 51 for multiple procedures

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										17b. NPI		FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		\$ CHARGES															
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