

**URMC Compliance Office  
Guidance for Use of Modifier 51  
Multiple Procedures**

**Modifier 51 Multiple Procedures:** use Modifier 51 to indicate that multiple procedures (other than E/M) were performed at the same session by the same provider. Use modifier 51 on the second and subsequent operative procedures when the procedures are ranked in RVU order. Modifier 51 may also be used when multiple procedures coded in the Medicine chapter of CPT (medical procedures) are performed at the same session or when surgical and medical procedures are performed together.

Modifier 51 is used to identify the second and subsequent procedures to third party payers. The use of modifier 51 indicates that the multiple procedure discount should be applied to the reimbursement for the code. The multiple procedure discount refers to the practice of reducing the reimbursement for additional procedures performed at the same session because of gained economies when two or more procedures are performed together. The procedures may be through the same incision or at a different anatomical site but the modifier should only be applied to services performed by the same provider at the same session.

**NOTE:** It is important that modifier 51 be added to the second and subsequent codes based on RVU order; **not** on the primary procedure based on what was done to address the patient's illness.

Do not apply modifier 51 in the following situations:

- Do not use modifier 51 on any CPT codes designated Modifier 51 Exempt (see CPT appendix E)
- Do not use modifier 51 on designated Add-on Codes (see CPT appendix D)
- Do not use modifier 51 on services which require modifier 50 (bilateral procedures) as the multiple procedure discount is already included in reimbursement for bilateral procedures.

**Modifier 51 Examples**

- Colonoscopy (45378) performed at the same session as upper endoscopy (43200). Use modifier 51 on the upper endoscopy (43200) because the RVU's are lower than the colonoscopy (45378). 45378, 43200-51.
- Excision, malignant lesion, trunk, 0.5cm or less (11600) performed at the same session with intermediate repair (layer closure) of wounds of trunk, 5.0 cm (12032). Use modifier 51 on the excision (11600) because RVU's are lower than the repair. 12032, 11600-51.

Modifier 51 should be applied to all other codes when multiple non-E/M services are provided at the same session. Modifier 51 can be used with other modifiers, when appropriate, except modifier 50.

#### **Example when 51 Modifier is not used**

- Patient with bilateral simple mastectomies (19303, 19303-50) would not be billed with modifier 51.
- Physician A performs partial colectomy with anastomosis (44140) and Physician B performs ureteropyelostomy (50740) at the same session would not be billed with modifier 51 as the services were performed by different providers.

Do not apply Modifier 51 in the following situations:

- Do not use modifier 51 on any CPT codes designated Modifier 5 exempt (see CPT appendix E)
- Do not use Modifier 51 on designated Add-on Codes (see CPT Appendix D)
- Do not use Modifier 51 on services which require Modifier 50 (bilateral procedures) as the multiple procedure discount is already included in reimbursement for bilateral procedures

*Modifiers should never be added to claims unless the documentation has been reviewed and the use of the modifier is appropriate based on the documentation*

#### **References**

HCPRO, INC Audio Conference – Modifier 59, 51: Manage Pre- and Post-Payments Audits to Reduce Denials; June 23, 2009

CPT 2011 Professional Edition, AMA

RBRVS Website

<http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1385-FC.pdf>