



Illinois, Michigan, Minnesota and Wisconsin Providers

[Home](#) [Part B](#) [Resources](#) [Modifiers](#) [Modifier 51](#)

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 Medicare Physician Fee Schedule Database (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

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:

System correctly appended Modifier 51 for multiple procedures

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES													
19. RESERVED FOR LOCAL USE												17b. NPI		FROM MM DD YY				TO MM DD YY				\$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Painful Bony 1, 2, 3 or 4)												1		20. OUTSIDE LAB?		22. MEDICAID RESUBMISSION CODE											
1. 45121												3.		<input type="checkbox"/> YES <input type="checkbox"/> NO		ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER							
2. 55631												4.															
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. ID. QUAL.		J. RENDERING PROVIDER ID. #					
FROM MM DD YY TO MM DD YY				YY				(Explain Unusual Circumstances) MODIFIER																			
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 submitted Modifier 51 for multiple procedures

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES													
19. RESERVED FOR LOCAL USE												17b. NPI		FROM MM DD YY				TO MM DD YY				\$ CHARGES					
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1. 45121												3.		<input type="checkbox"/> YES <input type="checkbox"/> NO		ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER							
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2 03 14 06				21				45136				2		574.00		002		NPI		1234567890							
3																		NPI									