

-51 Multiple Procedure Modifier

Last Reviewed: 4/5/2024

When multiple procedures are performed during the same session, by the same provider, services other than the primary procedure are identified by appending the -51 Multiple Procedure Modifier.

Product Information

The information outlined below applies to Aspirus Medicare Advantage products.

Payment Information

- When Medicare Relative Value File (MULT PROC) contains an indicator of “0” or “9” the payment adjustment rules for multiple procedures do not apply.
- When Medicare Relative Value File (MULT PROC) contains an indicator of “2-7” the payment adjustment rules for multiple procedures do apply.
- The -51 modifier may be appended to a procedure, but UCare will calculate payment of eligible services based on the following guidelines:

Multiple Proc Indicator	Payment Description	Payment Adjustment
2	Standard payment adjustment rules for multiple procedures apply.	If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.
3	Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure).	The base procedure for each code with this indicator is identified in the Endobase field of this file. Apply the multiple endoscopy rules to a family before ranking the family with the other procedures performed on the same day (for example, if multiple endoscopies in the same family are reported on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If an endoscopic procedure is reported with only its base procedure, do not pay separately for the base procedure. Payment for the base procedure is included in the payment for the other endoscopy.
4	Special rules for the technical component (TC) of diagnostic imaging procedures apply if procedure is billed with another diagnostic imaging procedure in the same family (per the diagnostic imaging family indicator, below).	Base the payment for subsequent procedures on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. Subject to 50% reduction of the TC diagnostic imaging (effective for services July 1, 2010 and after). Subject to 25% reduction of the PC of diagnostic imaging (effective for services January 1, 2012 through December 31, 2016). Subject to 5% reduction of the PC of diagnostic imaging (effective for services January 1, 2017 and after).
5	See payment adjustment column.	Subject to 50% of the practice expense component for certain therapy services.
6	See payment adjustment column.	Subject to 25% reduction of the second highest and subsequent procedures to the TC of diagnostic cardiovascular services, effective for services January 1, 2013, and thereafter.
7	See payment adjustment column.	Subject to 20% reduction of the second highest and subsequent procedures to the TC of diagnostic ophthalmology services, effective for services January 1, 2013, and thereafter.

Appropriate Use

- When the same physician performs more than one surgical service at same time (mult proc indicator 2).
- When both diagnostic procedures have a mult proc indicator of 4, and both diagnostic procedures have the same “Diagnostic Imaging Family Indicator.”
- When the Diagnostic Imaging Family Indicator is between 01 and 11.
- Append to the lower physician fee schedule amount.
- Append to the diagnostic imaging procedure with the lower technical component fee schedule amount.

Inappropriate Use

- Services that are exempt from multiple procedure payment reduction.
- Procedures that are considered components or incidental to a primary code or designated as “add-on” codes.
- Instances where two or more physicians each perform distinctly different surgeries on the same day on the same patient.
- Evaluation and Management services or Physical Medicine and Rehabilitation Services.

Additional Links

[CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.6](#)

[CMS Medicare Physician Fee Schedule Relative Value File \(MPFSRVF\)](#)

[Modifiers - NGSMEICARE](#)

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