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Modifier 51 vs Modifier 59

Modifiers provide additional information about CPT® codes submitted and services rendered without changing the definition of the procedure code itself. Modifiers 51 and 59 are both used when multiple services are performed during a single encounter, but they serve different purposes. This Timely Topic covers the differences between these two modifiers.

Modifier 51 Multiple Procedures

Modifier 51 Multiple Procedures indicates that multiple procedures were performed at the same session. It applies to:

- Different procedures performed at the same session
- A single procedure performed multiple times at different sites
- A single procedure performed multiple times at the same site

Modifier 51 comes into play only when two or more procedures are performed. It is not to be used when a procedure is performed along with an Evaluation and Management (E/M) service.

There are instances where multiple procedures are performed but modifier 51 is not appropriate. Modifier 51 is not appended to add-on codes. For example, modifier 51 would not be appended to CPT code 64462 as it is an add-on code and would be used for any additional injection sites per its definition.

64461	Paravertebral block (PVB), (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
+64462	Paravertebral block (PVB), (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)

Certain codes are designated as Modifier 51 exempt. They are noted in CPT with the ⊖ symbol and are also listed in CPT's Appendix E. Codes on this list that are most relevant to anesthesiology practices are:

31500	Intubation, endotracheal, emergency procedure
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

Modifier 51 impacts payment. Many payers will apply a multiple procedure reduction to each additional procedure after the first reported code so be sure to list the most complex procedure first on your claims and append the modifier to any additional services reported when the situation calls for use of modifier 51.

Modifier 59 Distinct Procedural Service

Modifier 59 Distinct Procedural Service indicates that a procedure is separate and distinct from another procedure on the same date of service. Typically, this modifier is applied to a procedure code that is not ordinarily paid separately from the first procedure but should be paid per the specifics of the situation.

Indications for use of modifier 59:

- Different session or encounter on the same date of service
- Different procedure distinct from the first procedure
- Different anatomic site
- Separate incision, excision, injury or body part

While modifier 51 and 59 both apply to additional procedures performed on the same date of service as the primary procedure, modifier 51 differs from modifier 59 in that it applies to procedures that may be more commonly expected to be performed during the same session.

Like modifier 51, modifier 59 should not be applied to an E/M service. Modifier 25 is used to denote a significantly separately identifiable E/M service. Like modifier 51, modifier 59 also has payment implications. Modifier 51 impacts the payment amount, and modifier 59 affects whether the service will be paid at all.

Modifier 59 is typically used to override National Correct Coding Initiative (NCCI) Edits. NCCI edits include a status indicator of 0, 1, or 9. A status indicator 1 identifies those code pairs not normally payable on the same date of service but may be paid in some circumstances when reported with an appropriate modifier (often modifier 59) and supported by documentation that demonstrates why the edit is not applicable and payment is warranted. For example, the modifier may be used when reporting anesthesia care and a post-operative pain procedure when the procedure meets the criteria that allows for it to be separately reportable. A previous Timely Topic gives additional examples of applying [modifier 59](#) to anesthesia services.

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

CPT instruction also tells us that modifier 59 should not be used when a more appropriate modifier is available. For example, if a procedure is performed bilaterally, modifier 50 would be the more appropriate modifier.

Modifiers XE, XP, XS and XU became effective in January 2015 and were developed to provide more specific reporting in circumstances where modifier 59 may be used. At this time, these modifiers are not required but may be used instead of modifier 59 when appropriate to the clinical scenario being billed.

- XE Separate encounter, a service that is distinct because it occurred during a separate encounter
- XP Separate Practitioner, a service that is distinct because it was performed by a different practitioner
- XS Separate Structure, a service that is distinct because it was performed on a separate organ/structure
- XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

It is important to understand correct coding and modifier usage to ensure appropriate payment for your services. As always, make sure you are familiar with instruction from your local carriers and ensure your documentation supports what and how you report your services.

The following is a quick reference to summarize when to use modifier 51 and 59:

Modifier 51: Multiple Procedures

additional procedure /same session
same procedure/multiple times
same procedure/different site

Modifier 59: Distinct Procedural Service

distinct procedure/different encounter
distinct procedure/different provider
distinct procedure/different site
do not use if another modifier is applicable

References/Additional Information:

- [Modifier 59 Article \(CMS NCCI Edits\)](#)
- [Modifier 59 Clarification and Changes \(Noridian\)](#)
- [Modifier 59 Fact Sheet \(Novitas\)](#)
- [Modifier 51 Fact Sheet \(Novitas\)](#)