

## Eli's Rehab Report

### Reader Question: Multiple Procedures

**Question:** Should I use modifier -51 when performing trigger point injections ([CPT 20550](#)) on different sites during the same visit?

New York Subscriber

**Answer:** Certain carriers (such as Empire Medicare in New York) request that practices not use modifier -51 (multiple procedures). Claims submitted to Empire with modifier -51 attached are sometimes paid at one-fourth the normal value, instead of at a 50 percent rate (which is how most carriers reimburse this modifier).

Ask your local carrier to how they prefer you to submit claims for multiple procedures. Most carriers still request that practices submit multiple-site injection claims with modifier -51. In your example, you would code the first injection using 20550 (injection, tendon sheath, ligament, trigger points or ganglion cyst) and report additional injection sites as 20550-51.

Dont reduce your rate for procedures you submit with modifier -51 because in most cases the payer will.