

Eli's Rehab Report

Reader Questions: Watch Out for -51 With Add-On Codes

Question: Our carrier is telling us that in order to report 64475 with 64476, we should add modifier -51 to 64476. Are we allowed to apply this modifier to an add-on code?

Florida Subscriber

Answer: You should use +64476 (Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level [list separately in addition to code for primary procedure]) in conjunction with 64475 (... lumbar or sacral, single level), according to CPT guidelines.

You should not use modifier -51 (Multiple procedures) on an add-on code. You only report add-on codes (those noted by a "plus" icon beside the descriptor) in conjunction with another service, so the code itself tells the carrier that the provider performed multiple services.

The Surgery Guidelines in the description for modifier -51 say: "For a list of procedures exempt for the use of modifier 51, see appendices D and E." This clearly states that all add-on codes are "exempt."