Modifier Coding Alert

Reader Questions: Code 'Component' Procedures With 51

Question: An established patient reports for a scheduled discectomy with decompression of spinal cord and nerve root. There are no other procedures scheduled. The physician performs interior interbody arthrodesis, along with instrumentation to vertebral segments C1-C3. Is this a situation in which I would use modifier 51 or modifier 59 for the physician's services?

Hawaii Subscriber

Answer: Coders often get confused when choosing between modifier 59 (Distinct procedural service) and 51 (Multiple procedures).

In short, you should use modifier 51 to alert the payer that you are reporting two or more procedures on the same day during the same encounter, and the payer needs to apply the multiple procedure fee payment reduction. You would use modifier 59 most commonly in two scenarios: when there is not a more specific modifier to describe the encounter, or when you are unbundling Correct Coding Initiative (CCI) edits.

For the scenario you describe, you will need modifier 51.

Rationale: These are multiple procedures performed at the same session by the same provider, and you can identify additional procedures or services by attaching modifier 51. When the physician performs procedures that are considered components or incidental to a primary procedure, you should include modifier 51 on the claim.

Coding solution: You should report 22845 (Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) for the instrumentation and 22554 (Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2) for the arthrodesis. Append modifier 51 to 22554 to show that 22554 is part of a multiple-procedure coding scenario.

Important: You should never append modifier 51 to 22845. This code is modifier 51 exempt, which means you should never use 22845-51. Your CPT® manual designates modifier 51 exempt codes with a "circle with a slash" symbol to the left of the code and may also offer a complete list of modifier 51 exempt codes in an appendix.

Remember: Many payers, including Medicare, do not want you to use modifier 51 at all so check your payer's policy before putting 51 on your claim.

More details: For more information on modifier 51 versus modifier 59, see "Override CCI Edits, When Appropriate, With Modifiers 51/59" in Modifier Coding Alert, Vol. 1, No. 3.