Multiple Procedures (Modifier 51) Payment Policy

Policy
Network Health covers multiple procedures for Network Health Together® (MassHealth), Network Health Forward® (Commonwealth Care), and Network Health Extend™ (Medical Security Program) members, in accordance with guidelines from the Centers for Medicare and Medicaid Services (CMS) and the National Correct Coding Initiative (NCCI).

Definitions
Modifier 51 identifies multiple procedures performed on the same patient by a surgeon, co-surgeon, surgical team, or assistant-at-surgery in the same group practice during the same operative session or on the same day.

Providers may not use Modifier 51 to identify intra-operative procedures or procedures that are components of or incidental to a primary procedure.

Billing and reimbursement
Network Health requires providers to report multiple procedures by appending Modifier 51 to the secondary or additional procedure as a one-line entry on the claim form, using the appropriate five-digit Current Procedural Technology (CPT) billing code.

Network Health reimburses for surgical procedures rendered on the same day as another procedure as follows:

- **Primary procedure.** Network Health reimburses at 100% of the contracted rate.
- **Additional procedure.** Network Health reimburses at 50% of the contracted rate.
- **Five or more procedures** performed at the same operative session by the same provider. Network Health requires a medical record review to determine payment.
- **Multiple interventional radiological procedures.** Network Health reimburses for the radiology code and primary surgical code at 100% of the contracted rate. Network Health reimburses for any subsequent surgical procedures or procedures billed with a technical and/or professional component at 50% of the contracted rate.

In accordance with CPT guidelines, Network Health reimburses separately for:

- **Modifier 51 exempt CPT codes.** Network Health does not reduce payment if providers report Modifier 51 exempt procedures or services together.
- **Add-on billing codes.** Network Health does not reduce payment when providers properly bill add-on codes with the primary procedure codes.

Providers may bill for bilateral procedures (Modifier 50) in conjunction with Modifier 51. See our [Bilateral Procedures (Modifier 50) Payment Policy](#) for further information.
Policy references