

## CPT Modifiers:

There are many other CPT modifiers which identify the type of provider and supervision - the key objective is to get the reimbursement you truly deserve.

- **50** - Indicates a procedure that not already defined as bilateral was performed on both sides of the patient's body at the same episode of care.
- **51** - When multiple surgeries are performed during the same operative session. Most payers pay 100 % for the first procedure, but reduce the reimbursement on the second, third and fourth procedures.
- **59** - This CPT modifier is used to indicate that a procedure was distinct or separate from the other procedures performed on the same date. This modifier tells the payer that the doctor has not submitted a duplicate claim.
- **62** - A single procedure performed jointly by co-surgeons. Here, each surgeon bills with the same code and the payment to each of them is usually 62.5 % of the normal amount.
- **76** - Repeat procedure by the same doctor. Often used with radiological procedures, performed more than once on the same day.
- **79** - Unrelated procedure or service by the same physician during the post operative period.
- **91** - Repeat clinical lab. This modifier is used when more than one result is required in the course of treatment on the same day. A word of caution here, do not use this modifier in case of equipment failure.

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