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59 should not be applied to an E/M service. Modifier 51 vs Modifier 59 | American Society of ... Modifier 51 indicates that a second procedure was performed, and it is not a component code of the first procedure. There is no procedure-to-procedure bundling edit. Medicare contractors do not require modifier 51 on claims. Modifier 51 is not used on add-on codes, which are indicated by a plus sign before the code in the CPT ® book. Modifier 51 or 59? How to know which to bill? You should list the most resource-intensive (highest paying) procedure first, and append modifier 51 to the second and subsequent procedures. Use modifier 51 to indicate:

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While modifier 51 and
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