



Modifier 26 Fact Sheet

Definition:

- Professional Component refers to certain procedures that are a combination of a physician component and a technical component. Using modifier 26 identifies the physician's component.

Appropriate Usage:

- To bill for only the professional component portion of a test
- To report the physician's interpretation of a test
- Procedures that have a "1" in the PC/TC field on the MPFSDB
- Procedures falling into the following types of service;
 - 1-Medical Care/Injections
 - 2-Surgery,
 - 4-Radiology,
 - 5-Lab,
 - 6-Radiation Therapy and
 - 8-Assistant Surgeon

Inappropriate Usage:

- When the same provider performs both the technical and professional, unless the same provider reports both components and the technical portion is purchased
- Reporting it for re-read results of an interpretation provided by another physician
- Appending it to:
 - Technical only procedure codes
 - Global test only codes
 - Professional component only codes

Additional Information:

- Identify technical component only codes on the MPFSDB by a "3" in PC/TC.
- Identify global test only codes on the MPFSDB by a "4" in PC/TC.
- Identify professional component only codes on the MPFSDB by a "2" in PC/TC.
- Modifier 26 is a payment modifier reportable in the first modifier field
- Code global services performed without modifiers. Do not report modifiers 26 and TC on the same procedure code on one line of service.



Example:

The provider is billing for just the professional service of a screening mammogram, on the left side.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
										17b.		FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE										17d. NPI									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 21.1)										20. OUTSIDE LAB?		\$ CHARGES							
1. 7114										<input type="checkbox"/> YES <input type="checkbox"/> NO									
2.										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE										F. \$ CHARGES		G. DAYS OR UNITS		H. EPDOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY																			
B. PLACE OF SERVICE																			
C. EMG																			
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)																			
EPT/HPCS MODIFIER																			
E. DIAGNOSIS POINTER																			
1										59.00		001		NPI		1234567890			
2														NPI					
3														NPI					

The provider is incorrectly billing for both the professional and technical services of a screening mammogram, on the left side on the same line.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
										17b.		FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE										17d. NPI									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 21.1)										20. OUTSIDE LAB?		\$ CHARGES							
1. 7114										<input type="checkbox"/> YES <input type="checkbox"/> NO									
2.										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE										F. \$ CHARGES		G. DAYS OR UNITS		H. EPDOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY																			
B. PLACE OF SERVICE																			
C. EMG																			
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)																			
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1										59.00		001		NPI		1234567890			
2														NPI					
3														NPI					