



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 components, 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		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EP/OT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To		MM DD YY MM DD YY				(Explain Unusual Circumstances)			POINTER											
MM DD YY		MM DD YY				CPT/HCPCS MODIFIER														
1 10 04 06				11		76092 26 LT			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		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EP/OT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To		MM DD YY MM DD YY				(Explain Unusual Circumstances)			POINTER											
MM DD YY		MM DD YY				CPT/HCPCS MODIFIER														
1 10 04 06				11		76092 26 TC LT			1		59.00		001				NPI		1234567890	
2																	NPI			
3																	NPI			