

Modifier 26 fact sheet

What you need to know

Modifier 26 is defined as the professional component (PC).

- The PC is outlined as a physician's service, which may include technician supervision, interpretation of results and a written report.
- Use modifier 26 when a physician interprets but does not perform the test.
- Most radiology codes, including ultrasounds, x-rays, CT scans, magnetic resonance angiography, and magnetic resonance imaging, may be billed with modifier 26 or TC, or with no modifier at all, indicating that the provider performed both the professional and technical services.
- This modifier must be reported in the first modifier field.

Appropriate use:

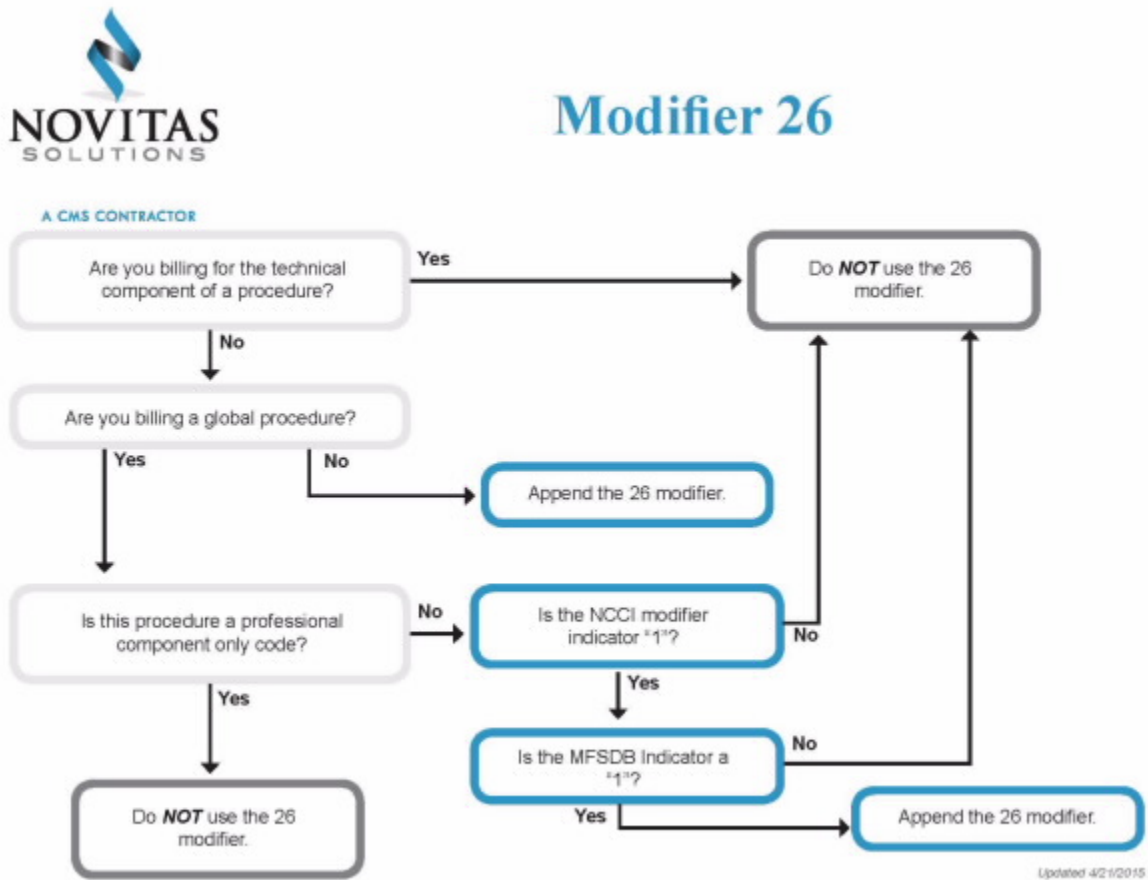
- Add modifier 26:
 - When billing only the professional component portion of a test
 - To report the physician's interpretation of a test
 - Procedures that have a "1" in the Professional Component (PC)TC field on the Medicare Physician Fee Schedule Database (MPFSDB)
 - Procedures falling into the following types of service:
 - * 1 - Medical Care/Injections
 - * 2 - Surgery
 - * 4 - Radiology
 - * 5 - Lab
 - * 6 - Radiation Therapy
 - * 8 - Assistant Surgeon

Inappropriate use:

- Do not add Modifier 26 to:
 - Evaluation and management (E/M) or anesthesia codes
 - Procedure or service descriptors that indicate professional component only
 - Global test only codes, example: CPT 93000.
 - Professional component only codes. PC/TC indicator 2 of MPFSDB denotes a professional component only code that identifies stand-alone codes.
 - * An example of a professional component only code is 93010, Electrocardiogram; interpretation and report. Modifier 26 cannot be used with this code.

- o Re-read results of an interpretation provided by another physician.

Example



References:

- [CMS IOM Pub. 100-04 Medicare Claims Processing Manual, Chapter 13, section 20.2](#)
- [MM7631 - Revised and Clarified Place of Service \(POS\) Coding Instructions](#)
- [Modifier TC fact sheet](#)