Modifier TC Coding Policy

HCPCS Level II Modifier TC - Technical Component
The cost of the equipment supplies and personnel to perform the procedure

CPT Modifier 26 - Professional Component
The exercise of medical judgment, including interpretation of results and a narrative report

Global Service - a complete service/procedure where both the technical and professional components are performed by a single provider**.**

Modifier TC is appended to billed codes to indicate that only the technical component of a service/procedure has been provided. It is generally billed by the entity that provided the testing equipment. Services with a value of "1" in the PC/TC Indicator field of the National Physician Fee Schedule may be billed with modifier TC. These are predominantly radiology services, but also include pathology, laboratory and medicine services.

Modifier TC is generally not billed by hospitals and other facilities who bill using the UB-04 format. These facilities are presumed to be providing the technical component of a service. For the same reason, professional providers may not bill for the technical component of services provided to patients in a hospital or facility setting. However, Portable X-ray Suppliers may bill for a technical component of an x-ray performed in certain locations when also billing for portable x-ray transportation to the location

It is not correct to append both modifier TC and 26 when an entire (global) service has been performed. In that case, no modifier should be used.

Modifier TC should not be appended to services that do not have a value of "1" in the PC/TC indicator field. This includes codes where the description indicates the services is technical, only (PC/TX = "3").

For Example:
- CPT Code 93005 – ECG, routine; tracing only, without interpretation and report

Modifier TC should be billed in the first modifier position

Sources
CMS NPFS:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html