Professional/Technical Components (Modifiers 26, TC)

Reimbursement Policy ID: RPC.0048.2100

Recent review date: 02/2024

Next review date: 11/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

AmeriHealth Caritas Louisiana reimbursement guidelines described in this policy apply to diagnostic laboratory and radiology codes designated by the Louisiana Department of Health (LDH) Medicaid program as comprised of both a professional component (PC) and a technical component (TC) that together constitute the "global" service.

Exceptions

Diagnostic Laboratory and Radiology services performed in a hospital or other facility and reported on a CMS-1450 claim form are excluded from this policy.

Reimbursement Guidelines

AmeriHealth Caritas Louisiana determines eligibility for reimbursement of laboratory and radiology professional component services using the type of service (TS) indicator in Column 1 of the Louisiana Medicaid Laboratory and Radiology (Non-Hospital) Fee Schedule.

Procedures with type of service 05 are reimbursable for professional-component-only reimbursement at the fee schedule rate when reported with the appropriate modifier.

Reimbursement is made at the lesser of billed charges or the fee on file.

AmeriHealth Caritas Louisiana makes no separate reimbursement for professional services reported with modifier TC.

Definitions

Global service
Global Services include a professional and a technical component. When providers bill a global service, they assert that the same physician or other qualified health care professional provided the supervision, interpretation, and report of the professional services, as well as the technician, equipment, and facility needed to perform the procedure. Global services are identified by reporting the appropriate procedure code with no modifier(s) indicating either the professional or technical components of that procedure.

Professional component
The portion of a billed procedure encompassing only the professional services personally rendered and documented by the billing provider, correctly reported either by appending the appropriate modifier to the global (i.e., complete) procedure code, or with the corresponding stand-alone code describing the professional constituent(s) of the applicable diagnostic test.

Technical component
The portion of a billed procedure encompassing the use of technical staff, equipment, facility, and related infrastructure employed in the performance of that procedure, is correctly reported either by appending the appropriate modifier to the global (i.e., complete) procedure code, or with the corresponding stand-alone code describing the technical constituent(s) of the applicable diagnostic test.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. Healthcare Common Procedure Coding System (HCPCS).
III. National Correct Coding Initiative (NCCI)
IV. Louisiana Medicaid Laboratory and Radiology (Non-Hospital) Fee Schedule.

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Policy implemented by AmeriHealth Caritas Louisiana removed from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added
	Precedes Act 319