



Billing Global Services Versus Using TC/26 Modifiers in Laboratory/Pathology Services

This guide addresses a commonly observed ForwardHealth Coverage policy billing error in laboratory/pathology services. In a review of claims data, a provider billed the global service at the same time that they (or another provider) billed for either the technical or professional component of the same service.

ForwardHealth coverage policy recognizes that most laboratory services are performed and reimbursed as a “complete” or “global” service. It is appropriate for a relatively small number of procedures to be billed in components.

TC Modifier (Technical Component)

Some laboratory services have both professional and technical components. If a provider performs only one component of the service, they may only be paid for that component. Wisconsin Medicaid allows the use of the “TC” modifier to identify the performance of only the technical component for these services.

26 Modifier (Professional Component)

Some laboratory services have both professional and technical components. If a provider performs only one component of the service, they may only be paid for that component. Wisconsin Medicaid allows the use of the “26” modifier to identify the performance of only the professional component for these services.

Global Service

When both the technical and professional components of a single laboratory service are performed by the same provider, that provider may bill a global service. Global services do not have any component-specific modifiers attached to them.

Because the global service includes both the professional and technical components, ForwardHealth coverage policy does not allow it to be billed with a second claim for either the professional or technical component separately. This requirement applies regardless of the number of billers who submit a claim for the same service.

Documentation Requirements

If a provider bills either the global service or the procedure code with the “26” modifier, a written report must be produced and maintained in the recipient’s medical record to support the professional component.

More Resources

For more information, including an example of this issue, see Topic #909 of the ForwardHealth Laboratory/Pathology Provider Handbook. See Wis. Admin. Code § DHS106.02(9)(e) for more information on a provider’s billing responsibility.

Disclaimer: Please reference DHS Administrative Code and the ForwardHealth Provider Handbook for the most current policy on this topic. This guide is for informational purposes only.

