



# Modifier Fraud: 25, 26, 76, 77 and TC

Chief Business Office Purchased Care  
Department of Program Integrity (DPI)

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# Objectives

- **Definition of modifiers: 25, 26, 76, 77 and TC**
- **Identify fraudulent billing practices**

# Overview

## **Providers using modifiers:**

- **Modifiers are an important tool for coding and billing health care services**
- **In an effort to increase profit, providers are using modifiers more then ever; which makes VA Health Care Programs more vulnerable**

# Definitions of Modifiers

Modifier	Description
25	Significant, separately identifiable evaluation and management (E/M) services by the same physician on the same day of the procedure or other service.
26	Professional Component refers to certain procedures that are a combination of a physician component and a technical component.
76	Repeat procedure by the same physician; use when it is necessary to report repeat procedures performed on the same day.
77	Repeat procedure or service by another physician or qualified health care professional.
TC	This modifier identifies the technical component of certain services that combine both the professional and technical portions in one procedure code. Using modifier TC identifies the technical component.

**Table of modifiers and the definitions of each utilized in billing practices.**

# Modifier 25 (Example 1)

## Professional Claim: Office visit ~ Evaluation & Management

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)											22. MEDICAID RESUBMIS CODE			
1. 784		0		3.										
2. 87		0		4.						23. PRIOR AUTHORIZATI				
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	
From	To	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER						
10	01	13	10	01	13	11	99214					1	106	83
10	01	13	10	01	13	11	70551	25				2	71	45

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)											22. MEDICAID RESUBMIS CODE			
1. 784		0		3.										
2. 87		0		4.						23. PRIOR AUTHORIZATI				
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	
From	To	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER						
10	01	13	10	01	13	11	99214	25				1	106	83

# Modifier 26 (Example 2)

## Professional Claim: Mammography ~ Professional Component

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)													22. MEDICAID RES CODE	
1.		793		8		3.						23. PRIOR AUTHO		
2.						4.								
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	
From		To						CPT/HCPCS		MODIFIER				
MM	DD	YY	MM	DD	YY									
10	01	13	10	01	13	21		77057	26	TC	LT	1	81.65	

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)													22. MEDICAID RES CODE	
1.		793		8		3.						23. PRIOR AUTHO		
2.						4.								
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	
From		To						CPT/HCPCS		MODIFIER				
MM	DD	YY	MM	DD	YY									
10	01	13	10	01	13	21		77057	26	LT		1	34.02	

# Modifier 76/77 (Example 3)

## Professional Claim: Radiology ~ Repeat procedure by the same/different physician

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F.	
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER		\$		CHARGES	
	10	01	13	10	01	13	21		71275				1	409	64
	10	01	13	10	01	13	21		71275	76	77		1	819	28

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F.	
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER		\$		CHARGES	
	10	01	13	10	01	13	21		71275				1	409	64
	10	01	13	10	01	13	21		71275	76			1	409	64
	10	02	13	10	02	13	21		71275				1	409	64
	10	02	13	10	02	13	21		71275	77			1	409	64

# Modifier TC (Example 4)

## Professional Claim: Mammography ~ Technical Component

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)											22. MEDICAID-RESUB CODE	
1. 793		8		3. _____		4. _____				23. PRIOR AUTHORIZ		
2. _____												
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER			
10	01	13	10	01	13	11		77057	26 TC LT		1	81 65

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)											22. MEDICAID RESUB CODE	
1. 793		8		3. _____		4. _____				23. PRIOR AUTHORIZ		
2. _____												
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER			
10	01	13	10	01	13	11		77057	TC LT		1	47 63

# Modifier TC (Example 4) cont.

## Example of Payment Rates for the TC, 26, Global Rates:

CPT Code	Modifier	Component	Price
76705	26	Professional	\$28.24
76705	TC	Technical	\$82.00
76705	Global	Professional + Technical	\$110.23

# Conclusion

- **Provided definitions for modifiers: 25, 26, 76, 77 and TC**
- **Identified fraudulent modifier billing practices**
- **When claims are received with incorrect modifier usage; do not pay it**
- **[http://www.wpsmedicare.com/part\\_b/resources/modifiers/](http://www.wpsmedicare.com/part_b/resources/modifiers/)**

# References

**Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.**

**Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools fraud and abuse review.**

**The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:**

**Medicare Claim Processing Guide**

**<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>**