TC

TECHNICAL COMPONENT; UNDER CERTAIN CIRCUMSTANCES, A CHARGE MAY BE MADE FOR THE TECHNICAL COMPONENT ALONE; UNDER THOSE CIRCUMSTANCES THE TECHNICAL COMPONENT CHARGE IS IDENTIFIED BY ADDING MODIFIER 'TC' TO THE USUAL PROCEDURE NUMBER; TECHNICAL COMPONENT CHARGES ARE INSTITUTIONAL CHARGES AND NOT BILLED SEPARATELY BY PHYSICIANS; HOWEVER, PORTABLE X-RAY SUPPLIERS ONLY BILL FOR TECHNICAL COMPONENT AND SHOULD UTILIZE MODIFIER TC; THE CHARGE DATA FROM PORTABLE X-RAY SUPPLIERS WILL THEN BE USED TO BUILD CUSTOMARY AND PREVAILING PROFILES

Healthcare Common Procedure Coding System

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies,products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes primarily correspond to services, procedures, and equipment not covered by CPT® codes.

TC Technical component; under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier 'tc' to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier tc; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles

HCPCS Code	TC	The Healthcare Common Prodecure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs.The codes are divided into two levels, or groups, as described Below: Level I Codes and descriptors copyrighted by the American Medical Association's current procedural terminology, fourth edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** NOTE: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's current dental terminology, seventh edition (CDT-2011/12). These are 5 position alpha-numeric codes comprising the d series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha- numeric codes representing primarily items and nonphysician services that are not represented in the level I codes.

Code Description	Technical component; under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier 'tc' to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier tc; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles	Contains all text of procedure or modifier long descriptions. As of 2013, this field contains the consumer friendly descriptions for the AMA CPT codes. The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Short Description	Technical component	Short descriptive text of procedure or modifier code (28 characters or less). The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Coverage Code	C	A code denoting Medicare coverage status.
Coverage Code Description	Carrier judgment	HCPCS Coverage Code Description
Code Added Date	19840101	The year the HCPCS code was added to the Healthcare common procedure coding system.
Action Effective Date	19970101	Effective date of action to a procedure or modifier code
Action Code	N	A code denoting the change made to a procedure or modifier code within the HCPCS system.
Action Code Description	No maintenance for this code	HCPCS Action Code Description
Status	Actual	
Last Update Date	2026	

Contact Information for HCPCS
HCPCS Email Address: hcpcs@cms.hhs.gov
The PDAC has a toll free helpline
(877) 735-1326
HCPCS-related questions must be submitted online
via the www.codingclinicadvisor.com website

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.