Cardiology Billing Modifier Cheat Sheet

TC/26 split billing, RPM code compliance, and the modifier errors that cause the most cardiology denials.

TC/26 split billing

MODIFIER	MEANING	COMMON ERROR
TC	Technical component — equipment and staff performing the test (echo, stress test, nuclear study).	Billed by a practice that doesn't own the equipment used.
26	Professional component — physician interpretation of the study.	Billed without documented interpretation, or billed by both interpreting parties.
TC + 26	Global billing — only when the same entity owns equipment and performs interpretation.	Billed as global when equipment and interpretation are actually separate.

RPM billing (CPT 93294–93299)

CODE	REQUIREMENT
93294–93296	Remote monitoring of implantable cardiac devices; requires documented data transmission within the billing cycle.
93297–93299	Remote monitoring of other cardiac devices/services; same transmission documentation requirement applies.

RPM denial cause: The most common reason these codes get denied isn't a lack of clinical monitoring — it's missing or unmatched transmission-day documentation within the required 30-day billing cycle. Reconcile device data before submission, not after denial.

Top billing mistakes we see

MISTAKE	FIX
Equipment ownership assumed	Verify per location whether your practice owns the equipment before assigning TC.
OEM data not reconciled	Cross-check transmission data across device manufacturers (Medtronic, Abbott, Boston Scientific) before billing RPM codes.
RPM consent undocumented	Confirm documented patient consent for remote monitoring is on file for every RPM-billed patient.

Sources: Centers for Medicare & Medicaid Services, Physician Fee Schedule (cms.gov). American College of Cardiology (acc.org). This guide is for general informational purposes and does not replace payer-specific verification.

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