



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
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**MassHealth**  
**Family Planning Agency Bulletin 10**  
**January 2004**

**TO:** Family Planning Agencies Participating in MassHealth  
**FROM:** Beth Waldman, Acting Commissioner *Beth Waldman*  
**RE:** **Elimination of Global Billing for Services with a Professional and a Technical Component**

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**Introduction**

Effective for dates of service on or after February 1, 2004, providers may no longer bill for the global fee method of payment when the provider has furnished both the professional and technical components of a service. Family planning agencies providing both the professional and technical components of a service must bill for these components separately to receive the equivalent of the global payment. This change will allow MassHealth to track the specific services provided and avoid duplication of payment for the component parts of a service.

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**Current Instructions**

Currently, providers bill for the global fee by reporting the service code for an applicable service on one claim line without a modifier. By reporting the service without a modifier, the provider is paid a single global fee for both the professional and technical components.

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**New Instructions**

Effective for dates of service beginning February 1, 2004, to receive payment for both the professional and technical components, the provider must bill each component separately on separate claim lines. To bill for the professional component, the provider must append modifier 26 to the appropriate service code. To bill the technical component, the provider must report the same service code on a second claim line, and append modifier TC. Services that have professional and technical components must be billed with a modifier. Any claims for such services that are not billed with modifier 26 or TC for dates of service on or after February 1, 2004, will be denied with error code 135, "modifier required." On the HIPAA-compliant 835 remittance advice transaction, this denial will be reflected as an adjustment reason code 04 and remarks code M78.

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**Questions**

If you have any questions about this bulletin, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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