

# Pharmacological Management Services Must Be Billed With Modifier UD

Information posted July 29, 2015

*The Health and Human Services Commission (HHSC) has requested that Accenture post the following article.*

**Note:** *This article applies only to claims submitted to TMHP for processing. Refer to the Medicaid managed care organizations (MCOs) for information about MCO benefits, limitations, prior authorization, reimbursement, and MCO specific claim processing procedures.*

Effective August 1, 2015, for dates of service on or after January 1, 2015, pharmacological management visits primarily focused on pharmacological management of a psychiatric condition must be billed using modifier UD. The treating provider must use the most appropriate evaluation and management (E/M) procedure code for the pharmacological management visit depending on the place of service and complexity of the client's condition.

Pharmacological management services billed with modifier UD will not count towards the 30 visit per calendar year limitation.

**Important:** Providers must abide by correct coding guidelines relative to E/M services. Documentation must support services rendered. All services are subject to retrospective review.

Providers can appeal claims that were submitted with dates of service between January 1, 2015, and July 31, 2015, if the services were billed with an E/M procedure code for pharmacological management-only visits and the services were denied due to exceeding the 30 visit limitation. Providers can appeal the claims using modifier UD for consideration of reimbursement.

**Note:** *These benefit changes also apply to the Extended Primary Health Care (EPHC) Program.*

For more information, call the TMHP Contact Center at 1-800-925-9126.