HCPCS Code H0004 - Behavioral Health Counseling and Therapy (per 15 minutes)

Last revised: October 2025

HCPCS code H0004 is used to bill behavioral health counseling services provided by qualified professionals. It is billed in 15-minute increments and applies to face-to-face or telehealth sessions.

H0004 is typically used in:

- Outpatient behavioral health clinics
- Community Mental Health Programs (CMHPs)
- Federally Qualified Health Centers (FQHCs)
- Private practice settings
- School-based health programs (if enrolled with OHP)
- Telehealth platforms (with appropriate modifiers 95 or GT)

Provider qualifications

Under Oregon Medicaid, H0004 may be billed by:

- Licensed providers (LCSWs, LPCs, LMFTs, psychologists)
- Associates registered with the Oregon Counseling or Social Work board

In addition, the following provider types may bill for H0004 when they are working at a clinic that has obtained a Certificate of Approval* from the Oregon Health Authority and the appropriate oversight is being performed and documented for each client:

- Qualified Mental Health Professionals (QMHPs)
- Certified Alcohol and Drug Counselors (CADCs)
- CADC Candidates
- Mental Health Interns

The providers must be enrolled with OHA and meet credentialing standards outlined in OAR Chapter 410-172 and, as relevant, OAR Chapter 309.

*Standards for the approval of providers of non-inpatient mental health treatment services is defined by OAR 306-039-0550

Billing units and daily Limits

1 unit = 15 minutes
Minimum of 8 minutes required to bill one unit
Example: 45-minute session = 3 units of H0004

On April 1, 2024, CareOregon implemented an excessive units limit on H0004 of 16 units per member per day. If a single provider bills for more than 16 units of H0004 for a single member on a single day, the excess units will be denied (note: CareOregon will not split the lines, if more than 16 units are billed on a single line, all units will be denied). In the case that a member is receiving more than 16 units, or four (4) hours of behavioral health counseling in a single day, it may be more appropriate to bill a per diem service code for the day.

Effective for dates of service January 1, 2026 and later, CareOregon is implementing a high day billing limit on H0004 of eight (8) hours per provider per day. In the event that CareOregon receives more than a cumulative eight (8) hours of H0004 (excluding group services) for a single provider on a single day, all services will be denied. Claims can be reconsidered based on the receipt of medical records to support the number of units billed.

Documentation requirements

Per OAR 410-172-0620, and 309-019-0320, as applicable, all behavioral health services must be documented in a way that supports the extent of services billed. Documentation must be clear, detailed, and complete enough for internal and external review. It must also meet the professional standards applicable to the provider's discipline.

Each counseling session billed using code H0004 must include at a minimum:

- Start and end times of the session, or exact number of minutes that the client was in session
- Date of service
- Modality and method used (e.g., CBT, MI, trauma-informed care)
- Location of service (in-person, telehealth, audio-only)
- Client's presenting issues and progress
- Interventions provided
    - How the service connects to the treatment plan
- How the service will assist in meeting clinical goals
- Client's response to treatment
- Updates to the treatment plan, if applicable
- Provider's name, credentials, and signature

Modifiers commonly used with H0004

A billing modifier is a two-character code (letters, numbers, or a combination) added to a medical billing code to provide additional information about the service or procedure performed and may impact the payment for services. The following modifiers are commonly used with H0004 to provide additional clarification.

- GT or 95 - Telehealth services
- 93 - Audio-only telehealth service
- HQ - Group therapy
- HF - Substance use disorder services
- HO - Master's level provider
- HN - Bachelor's level provider
- TN or U9 - Culturally and/or Linguistically Specific Services

Group therapy with HQ modifier

Effective January 1, 2026, CareOregon requires modifier HQ on all H0004 counseling services that are provided in a group setting. Documentation must support each participant's engagement. Biling for each participant is based on time spent face-to-face between the provider and that client in therapeutic engagement.

Billing for services provided by unlicensed providers

Behavioral health Counseling must be rendered by qualified providers that have completed their enrollment application with OHA. The person who delivered the service must be listed on the claim as the rendering provider. The supervisor cannot be listed as the rendering provider on the claim. This applies to all provider types eligible to render behavioral health counseling including board registered associates and mental health interns.

Telehealth billing for H0004

Behavioral health counseling is eligible for reimbursement when performed via telehealth. Telehealth is the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, client and professional health-related education, public health, and health administration. Documentation must include platform used, client consent, provider and client location, and clinical appropriateness.

Effective January 1, 2024, CareOregon requires the use of a modifier on all telehealth services.
Required Modifiers:

- Use modifiers GT or 95 for synchronous audio and video sessions
- Use modifier 93 for audio-only sessions
    - Used when client lacks access to video or prefers audio-only
    - Must be clinically appropriate
    - Documentation must include reason for audio-only

Common Place of Service:

- POS 02 for telehealth outside the patient's home
- POS 10 for telehealth in the patient's home

Best practices

- ✓ Verify insurance eligibility before service
- ✓ Use evidence-based interventions
- ✓ Stay updated with OHA and CCO billing policies
- ✓ Conduct internal audits to ensure compliance

OHA and OAR references

Oregon Health Authority. (2022, April 28). *OHP Fee-for-Service Behavioral Health Fee Schedule Fact Sheet*. Retrieved from https://www.oregon.gov/oha/HSD/OHP/Tools/BH-Fee-Schedule-Fact-Sheet.pdf
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