

Required Use of HQ Modifier for Group Services

CareOregon is making an important update regarding billing practices for group behavioral health services effective January 1, 2026.

Definition of HQ Modifier

The **HQ modifier** is used to indicate that a service was provided in a **group setting**. When appended to a procedure code, it communicates to payers that the service was delivered to multiple clients simultaneously, rather than on an individual basis.

New Requirement

Effective **January 1, 2026**, all claims submitted for **group behavioral health services** must include the **HQ modifier**. This requirement applies to all applicable procedure codes where services are delivered in a group format, and the code does not already have “group” in the description.

Action Required

- Review your billing procedures and ensure that the HQ modifier is correctly applied to all group service claims.
- Update your electronic health record (EHR) systems and billing software as needed.
- Train relevant staff on the proper use of the HQ modifier to ensure compliance.

Failure to include the HQ modifier on group service claims may result in **denied or delayed reimbursement**.

Thank you for your attention to this update and for your continued commitment to providing high-quality behavioral health services.

Behavioral Health Codes and use of Modifier HQ

Please note that the following list is not exhaustive and reflects information available as of the date of this letter. For complete descriptions of the codes and the most current information regarding the appropriate use of these codes listed below, please refer to the official CPT and HCPCS handbooks.

Code	Description	HQ Modifier Use
90785	Interactive complexity code	Service ineligible to be performed in a group setting
90791-90792	Psychiatric diagnostic evaluation	Service ineligible to be performed in a group setting
90832-90840	Psychotherapy	Service ineligible to be performed in a group setting
90846-90847	Family Psychotherapy	Service ineligible to be performed in a group setting
90849	Multiple-family group psychotherapy	HQ not required, Group is in the description
90853	Group psychotherapy	HQ not required, Group is in the description
90867-90869	Transcranial magnetic stimulation treatment	Service ineligible to be performed in a group setting
90882	Environmental intervention for medical management	Service ineligible to be performed in a group setting
90887	Consultation with family	Service ineligible to be performed in a group setting
90899	Unlisted Service and Procedure Extended Outreach Support	Service ineligible to be performed in a group setting
96130-96131	Psychological testing evaluation services	Service ineligible to be performed in a group setting
96136-96167	Psychological or neuropsychological test	Service ineligible to be performed in a group setting
96202-96203	Multiple-family group psychotherapy	HQ not required, Group is in the description
97151-97153, 97155	Behavior identification assessment/treatment	Service ineligible to be performed in a group setting
97154	Group behavior treatment by protocol administered by technician, each 15 minutes, per recipient	HQ not required, Group is in the description
97156	Family behavior treatment guidance administered by qualified health care professional, each 15 minutes, single family	Service ineligible to be performed in a group setting
97157	Family behavior treatment guidance administered by qualified health care professional, 15 minutes, per family	HQ not required, Group is in the description
97158	ABA - Group adaptive behavior treatment with protocol modification administered by physician or other QHP	HQ not required, Group is in the description
97810-97814	Acupuncture	Service ineligible to be performed in a group setting
98966-98968	Telephone assessment and management service provided by a qualified nonphysician health care professional	Service ineligible to be performed in a group setting

Code	Description	HQ Modifier Use
99202-99215	Office or other outpatient visit for the evaluation and management	Service ineligible to be performed in a group setting
99341-99350	Home visit for the evaluation and management	Service ineligible to be performed in a group setting
99354-99359, 99415-99417	Prolonged service(s)	Service ineligible to be performed in a group setting
99366-99368	Medical team conference	Service ineligible to be performed in a group setting
99407	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	Service ineligible to be performed in a group setting
99421-99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Service ineligible to be performed in a group setting
0362T	ABA - Behavior identification supporting assessment administered by physician or other QHP with the assistance of two or more technicians	Service ineligible to be performed in a group setting
0373T	ABA - Adaptive behavior treatment with protocol modification administered by physician or QHP with the assistance of two or more technicians	Service ineligible to be performed in a group setting
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	HQ modifier is required when performed in a group setting
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	HQ modifier is required when performed in a group setting
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report on evaluation and management services.	Service ineligible to be performed in a group setting
G2025	Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	Service ineligible to be performed in a group setting
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HQ modifier is required when performed in a group setting
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology	HQ modifier is required when performed in a group setting

Code	Description	HQ Modifier Use
	testing if performed	
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed	HQ modifier is required when performed in a group setting
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel	Service ineligible to be performed in a group setting
G2077	Periodic assessment	Service ineligible to be performed in a group setting
G2078	Take home supply of methadone	Service ineligible to be performed in a group setting
G2079	Take home supply of buprenorphine (oral)	Service ineligible to be performed in a group setting
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately	HQ modifier is required when performed in a group setting
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	HQ modifier is required when performed in a group setting
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	HQ modifier is required when performed in a group setting
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately	HQ modifier is required when performed in a group setting
G2215	Take home supply of nasal naloxone	Service ineligible to be performed in a group setting
G9012	Substance Use Care Coordination; services provided to transition an individual from higher levels of care (inpatient or residential) to lower levels of care.	Service ineligible to be performed in a group setting
H0001	Alcohol and/or Drug Assessment	Service ineligible to be performed in a group setting
H0002	Behavioral Health screening to determine eligibility for admission to treatment program(s)	Service ineligible to be performed in a group setting
H0004	Behavioral health counseling and therapy, per 15 minutes	HQ modifier is required when performed in a group setting
H0005	Alcohol and/or drug services; group counseling by a clinician	HQ not required, Group is in the description
H0006	Alcohol and/or drug services; Case Management	Service ineligible to be performed in a group setting
H0010	Alcohol/Drug services; sub-acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	Service ineligible to be performed in a group setting
H0011	Alcohol/Drug services; acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	Service ineligible to be performed in a group setting
H0012	Alcohol/Drug services; sub-acute, clinically managed detoxification. (outpatient ASAM Level III.2-D)	Service ineligible to be performed in a group setting
H0013	Alcohol/Drug services; acute (H0013), clinically managed detoxification. (outpatient ASAM Level III.2-D)	Service ineligible to be performed in a group setting
H0014	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D).	Service ineligible to be performed in a group setting
H0015	Alcohol and/or drug services; Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan).	Service ineligible to be performed in a group setting
H0016	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	Service ineligible to be performed in a group setting
H0018	Alcohol and/or drug services, Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Service ineligible to be performed in a group setting

Code	Description	HQ Modifier Use
H0019	Alcohol and/or drug services, Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Service ineligible to be performed in a group setting
H0020	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	Service ineligible to be performed in a group setting
H0022	Alcohol and/or drug intervention service (planned facilitation)	HQ modifier is required when performed in a group setting
H0023	Intensive In-Home Behavioral Health Treatment Services (IIBHT)	Service ineligible to be performed in a group setting
H0031	Mental health assessment, by non-physician.	Service ineligible to be performed in a group setting
H0032	Mental health service plan development by non-physician.	Service ineligible to be performed in a group setting
H0033	Oral Medication Administration, direct observation.	Service ineligible to be performed in a group setting
H0034	Medication training and support, per 15 minutes.	Service ineligible to be performed in a group setting
H0035	Partial Hospitalization	Service ineligible to be performed in a group setting
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	HQ modifier is required when performed in a group setting
H0037	Community psychiatric supportive treatment program, per diem	Service ineligible to be performed in a group setting
H0038	Self-help/peer services	HQ modifier is required when performed in a group setting
H0039	Assertive community treatment, face-to-face, per 15 minutes.	Service ineligible to be performed in a group setting
H0045	Respite care services, not in the home, per diem	Service ineligible to be performed in a group setting
H0048	Alcohol and/or drug testing; Collection and handling only, specimens other than blood	Service ineligible to be performed in a group setting
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	HQ modifier is required when performed in a group setting
H2000	Child and Adolescent Needs Survey (CANS)	Service ineligible to be performed in a group setting
H2010	Comprehensive Medication Services	Service ineligible to be performed in a group setting
H2011	Crisis intervention service, per 15 minutes	Service ineligible to be performed in a group setting
H2012	Behavioral health day treatment, per hour	Service ineligible to be performed in a group setting
H2013	Psychiatric health facility service, per diem	Service ineligible to be performed in a group setting
H2014	Skills training and development, per 15 min	HQ modifier is required when performed in a group setting
H2021	Community based wraparound services	Service ineligible to be performed in a group setting
H2023	Supported employment	HQ modifier is required when performed in a group setting
H2027	Psychoeducational Services	HQ modifier is required when performed in a group setting
H2032	Activity therapy, per 15 min	HQ modifier is required when performed in a group setting
Q3014	Telehealth originating site facility fee	Service ineligible to be performed in a group setting
S9453	Smoking cessation classes, non-physician provider	HQ not required, Group is in the description

Code	Description	HQ Modifier Use
S9480	Intensive Outpatient	Service ineligible to be performed in a group setting
T1005	Respite Care Services	Service ineligible to be performed in a group setting
T1006	Alcohol and/or substance abuse services; Family/couple counseling	Service ineligible to be performed in a group setting
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Service ineligible to be performed in a group setting
T1016	Case Management	Service ineligible to be performed in a group setting
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Service ineligible to be performed in a group setting
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	Service ineligible to be performed in a group setting