Behavioral Health Codes and use of Modifier HQ



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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- | | Service ineligible to |
| 90792 | Psychiatric diagnostic evaluation | be performed in a |
| 30732 | | group setting |
| 90832- | | Service ineligible to |
| 90832- | Psychotherapy | be performed in a |
| 30040 | | group setting |
| 90846- | | Service ineligible to |
| 90847 | Family Psychotherapy | be performed in a |
| 30047 | | group setting |
| | | HQ not required, |
| 90849 | Multiple-family group psychotherapy | Group is in the |
| | | description |
| | | HQ not required, |
| 90853 | Group psychotherapy | Group is in the |
| | | description |
| 90867- | | Service ineligible to |
| 90869 | Transcranial magnetic stimulation treatment | be performed in a |
| 90809 | | group setting |
| | | Service ineligible to |
| 90882 | Environmental intervention for medical management | be performed in a |
| | | group setting |
| 90887 | | Service ineligible to |
| | Consultation with family | be performed in a |
| | | group setting |
| | Unlisted Service and Procedure Extended Outreach Support | Service ineligible to |
| 90899 | | be performed in a |
| | | group setting |

| Code | Description | HQ Modifier Use |
|-----------------|--|--------------------------|
| 96130- 96131 | Psychological testing evaluation services | Service ineligible to |
| | | be performed in a |
| | | group setting |
| 96136- | | Service ineligible to |
| 96167 | Psychological or neuropsychological test | be performed in a |
| 30107 | | group setting |
| 96202- | | HQ not required, |
| 96202 | Multiple-family group psychotherapy | Group is in the |
| 30203 | | description |
| 97151- | | Service ineligible to |
| 97153, | Behavior identification assessment/treatment | be performed in a |
| 97155 | | group setting |
| | Group behavior treatment by protocol administered by | HQ not required, |
| 97154 | technician, each 15 minutes, per recipient | Group is in the |
| | technician, each 13 minutes, per recipient | description |
| | Family behavior treatment guidance administered by qualified health care professional, each 15 minutes, single | Service ineligible to |
| 97156 | | be performed in a |
| | family | group setting |
| | Eamily behavior treatment guidance administered by | HQ not required, |
| 97157 | Family behavior treatment guidance administered by qualified health care professional, 15 minutes, per family | Group is in the |
| | qualified fleatiff care professional, 13 millutes, per family | description |
| | ABA - Group adaptive behavior treatment with protocol modification administered by physician or other QHP | HQ not required, |
| 97158 | | Group is in the |
| | | description |
| 97810- | | Service ineligible to |
| 97814 | | be performed in a |
| 37014 | | group setting |
| 98966- | Telephone assessment and management service | Service ineligible to be |
| 98968 | provided by a qualified nonphysician health care | performed in a group |
| 36306 | professional | setting |
| 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 |

| Code | Description | HQ Modifier Use |
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| 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 | HQ modifier is required when performed in a group setting |

| Code | Description | HQ Modifier Use |
|-------|---|--|
| | services by a Medicare-enrolled opioid treatment program) | |
| G2068 | weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, | HQ modifier is required when performed in a group setting |
| G2069 | | |
| G2070 | insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and | HQ modifier is required when performed in a group setting |
| G2071 | removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and | HQ modifier is required when performed in a group setting |
| | dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology | HQ modifier is required when performed in a group setting |
| G2073 | | |
| G2074 | including the drug, including substance use counseling, individual and group therapy, and toxicology testing if | HQ modifier is required when performed in a group setting |
| G2076 | initial assessment by a program physician or a primary care physician, or an authorized health care professional | Service ineligible to be performed in a group setting |

| Service ineligible to be performed in a group setting G2078 Take home supply of methadone G2079 Take home supply of buprenorphine (oral) G2080 Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately G2080 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 G2087 G2088 G2088 G2088 F2088 | Code | Description | HQ Modifier Use |
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| transition an individual from higher levels of care (inpatient or residential) to lower levels of care. H0001 Alcohol and/or Drug Assessment Behavioral Health screening to determine eligibility for admission to treatment program(s) Behavioral health counseling and therapy, per 15 minutes H0004 Behavioral health counseling and therapy, per 15 minutes HQ modifier is | | | group setting |
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| H0001 Alcohol and/or Drug Assessment Behavioral Health screening to determine eligibility for admission to treatment program(s) Behavioral health counseling and therapy, per 15 minutes H0004 Behavioral health counseling and therapy, per 15 minutes HQ modifier is | G9012 | transition an individual from higher levels of care (inpatient | be performed in a |
| H0001 Alcohol and/or Drug Assessment be performed in a group setting 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 | | or residential) to lower levels of care. | group setting |
| H0002 Behavioral Health screening to determine eligibility for admission to treatment program(s) Behavioral health counseling and therapy, per 15 minutes HQ modifier is | H0001 | | Service ineligible to |
| H0002 Behavioral health counseling and therapy, per 15 minutes HQ004 Behavioral health counseling and therapy, per 15 minutes HQ004 Rehavioral health counseling and therapy, per 15 minutes | | | be performed in a |
| H0002 Behavioral Health screening to determine eligibility for admission to treatment program(s) H0004 Behavioral health counseling and therapy, per 15 minutes HQ modifier is | | | group setting |
| admission to treatment program(s) HO004 Behavioral health counseling and therapy, per 15 minutes HQ modifier is | H0002 | Dehavioral Licelth core spins to determine a limit lite for | Service ineligible to |
| H0004 Behavioral health counseling and therapy, per 15 minutes HQ modifier is | | | be performed in a |
| IH0004 Rehavioral health counseling and therapy per 15 minutes | | | group setting |
| required when | H0004 | Behavioral health counseling and therapy, per 15 minutes | HQ modifier is |
| | | | required when |

| Code | Description | HQ Modifier Use |
|-------|---|---|
| | | 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 |
| 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 |

| Code | Description | HQ Modifier Use |
|-------|--|---|
| 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 |

| Code | Description | HQ Modifier Use |
|-------|--|-----------------------|
| H0045 | | Service ineligible to |
| | Respite care services, not in the home, per diem | be performed in a |
| | | group setting |
| H0048 | Alcohol and/or drug testing; Collection and handling only, | Service ineligible to |
| | | be performed in a |
| | specimens other than blood | group setting |
| | | HQ modifier is |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 | required when |
| 10030 | minutes | performed in a group |
| | | setting |
| | | Service ineligible to |
| H2000 | Child and Adolescent Needs Survey (CANS) | be performed in a |
| | | group setting |
| | | Service ineligible to |
| H2010 | Comprehensive Medication Services | be performed in a |
| | | group setting |
| | | Service ineligible to |
| H2011 | Crisis intervention service, per 15 minutes | be performed in a |
| | | group setting |
| | Behavioral health day treatment, per hour | Service ineligible to |
| H2012 | | be performed in a |
| | | group setting |
| | Psychiatric health facility service, per diem | Service ineligible to |
| H2013 | | be performed in a |
| | | group setting |
| | Skills training and development, per 15 min | HQ modifier is |
| H2014 | | required when |
| 12014 | | performed in a group |
| | | setting |
| | | Service ineligible to |
| H2021 | Community based wraparound services | be performed in a |
| | | group setting |
| H2023 | | HQ modifier is |
| | Supported employment | required when |
| | | performed in a group |
| | | setting |
| H2027 | Psychoeducational Services | HQ modifier is |
| 12021 | i Sychocadeanonal Services | required when |

| Code | Description | HQ Modifier Use |
|---------------|---|-----------------------|
| | | performed in a group |
| | | setting |
| | | HQ modifier is |
| ⊔ 2022 | Activity therapy, per 15 min | required when |
| 112032 | Activity therapy, per 13 min | performed in a group |
| | | setting |
| | | Service ineligible to |
| Q3014 | Telehealth originating site facility fee | be performed in a |
| | | group setting |
| | | HQ not required, |
| S9453 | Smoking cessation classes, non-physician provider | Group is in the |
| | | description |
| | | Service ineligible to |
| S9480 | Intensive Outpatient | be performed in a |
| | | group setting |
| | | Service ineligible to |
| T1005 | Respite Care Services | be performed in a |
| | | group setting |
| | Alcohol and/or substance abuse services; Family/couple counseling | Service ineligible to |
| T1006 | | be performed in a |
| | Counselling | group setting |
| | Alcohol and/or substance abuse services, treatment plan development and/or modification | Service ineligible to |
| T1007 | | be performed in a |
| | | group setting |
| | Case Management | Service ineligible to |
| T1016 | | be performed in a |
| | | group setting |
| T1023 | Screening to determine the appropriateness of | Service ineligible to |
| | consideration of an individual for participation in a specified program, project or treatment protocol, per encounter | be performed in a |
| | | group setting |
| | | 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 |