**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: [http://www.dhs.pa.gov/provider/promis/enrollmentinformation/S_001994](http://www.dhs.pa.gov/provider/promis/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to notify Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that the Department of Human Services (Department) is adding the HQ (Group Setting) modifier to procedure code T1015 (Clinic visit/encounter, all-inclusive) for behavioral health group therapy encounters, effective with dates of service on and after September 15, 2020.

**SCOPE:**

This bulletin applies to MA enrolled FQHCs and RHCs that provide behavioral health services to MA beneficiaries in the fee-for-service (FFS) and managed care delivery systems. MA Program enrolled FQHCs and RHCs that provide behavioral health group therapy services to beneficiaries in the managed care delivery system should direct any billing or payment questions to the appropriate managed care organization.

**BACKGROUND:**

MA Program enrolled FQHCs and RHCs may provide behavioral health services, which include group therapy. Behavioral health services must be identified in the FQHC’s Health Resources and Services Administration approved Scope of Project. Group therapy is a form of psychotherapy provided to no less than two persons with diagnosed mental illness or emotional disturbance. Group therapy is sometimes used alone, but it is also commonly integrated into a comprehensive treatment plan that also includes individual therapy and medication.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type.


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<tr>
<th>ISSUE DATE</th>
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<td>September 15, 2020</td>
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**SUBJECT**

Behavioral Health Group Therapy Provided in the Federally Qualified Health Center and Rural Health Clinic Settings

**BY**

Sally A. Kozak,  
Deputy Secretary  
Office of Medical Assistance Programs
DISCUSSION:

In the FFS and managed care delivery systems, FQHCs and RHCs are paid a prospective payment system (PPS) encounter rate for each MA beneficiary who receives behavioral health group therapy services in the FQHC or RHC when the group therapy is led by a psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist. In FFS, the MA Program limits payment to one behavioral health encounter per diagnosis per MA beneficiary per day.

The Department added the HQ modifier to procedure code T1015 to identify behavioral health group therapy encounters provided by FQHCs and RHCs.

PROCEDURE:

Effective with dates of service on and after September 15, 2020, in the FFS and managed care delivery systems, FQHCs and RHCs are to bill T1015 with the HQ modifier for behavioral health group therapy for each MA beneficiary in the group therapy session, when the therapy group is led by a psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist.

FQHCs and RHCs are to also reflect the HE (mental health program) or HF (substance abuse program) informational modifier, as applicable, with the HQ modifier on the claim for group therapy.

The Department does not make a provider-specific PPS encounter payment to FQHCs or RHCs for behavioral health group therapy services provided by a practitioner other than a psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist.