
Dyadic Services Billing Examples for Federally Qualified Health Center and Rural Health Clinic Providers

Page updated: March 2025

The examples in this section are to help Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers submit claims to the Department's Fiscal Intermediary (FI) for Dyadic Services on the *UB-04 Claim Form*. Refer to the Dyadic Services section of this manual for general billing information and the use of required modifiers. Also, refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: For additional instructions on billing dyadic services to the managed care plan (MCP), please consult the relevant MCP billing guidance.

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If the requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim form.

Managed Care Differential Rate for Medi-Cal Member Child and Caregiver

Figure 1. Managed Care Differential Rate billing code set for a Medi-Cal member child as part of a dyad

Figure 2. Managed Care Differential Rate billing code set for a Medi-Cal member caregiver as part of a dyad

This is a sample scenario only. Please adapt to your billing situation.

A child is brought into the FQHC or RHC by a caregiver for a medical well-child visit. They are enrolled in a MCP and the service is covered under the plan. The dyad is provided a Dyadic Behavioral Health (DBH, code H1011) screening and 30 minutes of Dyadic Family Training and Counseling for Child Development (Code T1027) immediately following the medical well-child appointment. At that visit, the caregiver receives a full mental health evaluation including a Depression Screening with a negative result (G8510), Alcohol Misuse Screening (G0442), and 30 minutes of Dyadic Comprehensive Community Support Services (H2015).

The FQHC or RHC bills a PPS-eligible medical visit claim to the MCP using the child's Medi-Cal ID, which will reimburse the medical visit at the MCP-contracted rate. Subject to the MCP billing instructions, on the same claim form under the child's Medi-Cal ID, include the DBH screening HCPCS code H1011 and modifier U1 as well as two units of Dyadic Family Training and Counseling for Child Development code T1027 and modifier U1.

The caregiver's mental health visit also qualifies for PPS reimbursement. Submit a claim to the MCP using the caregiver's Medi-Cal ID, which will reimburse the visit at the MCP contracted rate. Subject to the MCP billing instructions, on the same claim form under the caregiver's Medi-Cal ID, include the dyadic services codes on the claim: Depression Screening – HCPCS Code G8510 with modifiers U1 and HB, Alcohol Screening – HCPCS code G0442 with modifiers U1 and HB, and two units of Dyadic Community Support Services – HCPCS code H2015 with modifiers U1 and HB.

To complete the Managed Care Differential Rate reimbursement (a.k.a. wrap-around payment) process for both the child's medical visit and caregiver's mental health visit, separately submit claims to the Department's FI using their respective Medi-Cal IDs. Use the standard billing code set: Revenue code 0521 and the procedure code T1015 with modifier SE. The FQHC must include the applicable dyadic service code(s) on the claim's informational line for accurate utilization tracking and "wrap" reconciliation.

On claim line 1 of either the child's or caregiver's UB-04 claim form, enter the revenue code 0521 in the *Revenue Code* field (Box 42), the description of the code in the *Description* field (Box 43), and the corresponding procedure code with modifier (T1015SE) in the *HCPCS/Rate* field (Box 44). Enter the date of service in the *Service Date* field (Box 45) in six-digit format. A "1" is entered in the *Service Units* field (Box 46) for the Managed Care Differential Rate billing code set to indicate the billing is for the differential for the PPS eligible visit. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim lines 2 and 3 of the UB-04 form for the child, enter the procedure code specific to the dyadic visit in the *HCPCS/Rate* field (Box 44) respectively, followed by the date of service in the *Service Date* field (Box 45). A "1" and "2" respectively is entered in the *Service Units* field (Box 46) for the number of service units provided for the procedure code. When filling out an informational line, Box 47 must be zeros because this line is not payable.

On claim lines 2, 3, and 4 of the UB-04 form for the caregiver, enter the procedure code specific to the dyadic visit in the *HCPCS/Rate* field (Box 44) respectively, followed by the date of service in the *Service Date* field (Box 45). A "1" and "2" respectively is entered in the *Service Units* field (Box 46) for the number of service units provided for the procedure code. When filling out an informational line, Box 47 must be zeros because this line is not payable.

Note: If billing the Managed Care Differential Rate for both a medical/mental health visit and dental visit, or for a third visit (allowable only in special circumstances) on the same dates of service, billers should refer to the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Billing Codes* section for billing instruction.

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The National Provider Identifier (NPI) is placed in the *NPI* field (Box 56).

Enter an appropriate ICD-10-CM dyadic diagnosis code, if required. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required when an ICD-10-CM/PCS code is entered on the claim.

Enter the rendering physician's NPI in the *Operating* field (Box 77), or the Ordering Referring or Prescribing (ORP) provider's individual (Type 1) NPI in *Attending* field (Box 76).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the remaining fields.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555	2		3a. PAT. CNTRL. # 3b. ICD-9 MED. PROC. #		4 TYPE OF BILL 77	
8 PATIENT NAME a JONES, INFANT			9 PATIENT ADDRESS b			
10 BIRTH DATE 08242022	11 SEX M	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42	43	44
45 REV. CD	46 DESCRIPTION	47 HPCS / RATE / HPPS CODE	48 SERV. DATE	49 SERV. UNITS	50 TOTAL CHARGES	51 NON COVERED CHARGES
1 0521	MEDICAL VISIT	T1015 SE	101124	1	275 00	
2		H1011 U1	101124	1	0 00	
3		T1027 U1	101124	2	0 00	
4						
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19						
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22						
23	PAGE OF	CREATION DATE	TOTALS	275 00		
52 PAYER NAME O/P MEDI-CAL	53 HEALTH PLAN ID	54 BILL INFO	55 PRIOR PAYMENTS	56 EST. AMOUNT DUE	57 NPI 0122345789	58 OTHER PRV ID
59 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID 90000000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.		
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME				
66 DX Z13.39	67 A	68 B	69 C	70 D	71 E	72 F
73 ADMIT DX	74 PATIENT REASON DX	75 HPCS CODE	76 EQ	77 ATTENDING NPI	78 QUAL	79
74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	76 OTHER PROCEDURE DATE	77 OTHER PROCEDURE DATE	78 ATTENDING NPI	79 QUAL	80
75 OTHER PROCEDURE DATE	76 OTHER PROCEDURE DATE	77 OTHER PROCEDURE DATE	78 OTHER PROCEDURE DATE	79 OPERATING NPI	80 QUAL	81
76 OTHER PROCEDURE DATE	77 OTHER PROCEDURE DATE	78 OTHER PROCEDURE DATE	79 OTHER PROCEDURE DATE	80 OTHER NPI	81 QUAL	82
80 REMARKS	81 CC	82	83	84	85	86
	a	b	c	d	e	f
	g	h	i	j	k	l
	m	n	o	p	q	r
	s	t	u	v	w	x
	y	z	aa	ab	ac	ad
	ae	af	ag	ah	ai	aj
	ak	al	am	an	ao	ap
	aq	ar	as	at	au	av
	aw	ax	ay	az	ba	bb
	bc	bd	be	bf	bg	bh
	bi	bj	bk	bl	bm	bn
	bo	bp	bq	br	bs	bt
	bu	bv	bw	bx	by	bz
	ca	cb	cc	cd	ce	cf
	cg	ch	ci	cj	ck	cl
	cm	cn	co	cp	cq	cr
	cs	ct	cu	cv	cw	cx
	cy	cz	da	db	dc	dd
	de	df	dg	dh	di	dj
	dk	dl	dm	dn	do	dp
	dq	dr	ds	dt	du	dv
	dw	dx	dy	dz	ea	eb
	ec	ed	ee	ef	eg	eh
	ei	ej	ek	el	em	en
	eo	ep	eq	er	es	et
	eu	ev	ew	ex	ey	ez
	fa	fb	fc	fd	fe	ff
	fg	fh	fi	fj	fk	fl
	fm	fn	fo	fp	fq	fr
	fs	ft	fu	fv	fw	fx
	fy	fz	ga	gb	gc	gd
	ge	gf	gg	gh	gi	gj
	gk	gl	gm	gn	go	gp
	gq	gr	gs	gt	gu	gv
	gw	gx	gy	gz	ha	hb
	hc	hd	he	hf	hg	hh
	hi	hj	hk	hl	hm	hn
	ho	hp	hq	hr	hs	ht
	hu	hv	hw	hx	hy	hz
	ia	ib	ic	id	ie	if
	ig	ih	ii	ij	ik	il
	im	in	io	ip	iq	ir
	is	it	iu	iv	iw	ix
	iy	iz	ja	jb	jc	jd
	je	jf	jg	jh	ji	jj
	jk	jl	jm	jn	jo	jp
	jq	jr	js	jt	ju	jv
	jw	jx	jy	jz	ka	kb
	kc	kd	ke	kf	kg	kh
	ki	kj	kk	kl	km	kn
	ko	kp	kq	kr	ks	kt
	ku	kv	kw	kx	ky	kz
	la	lb	lc	ld	le	lf
	lg	lh	li	lj	lk	ll
	lm	ln	lo	lp	lq	lr
	ls	lt	lu	lv	lw	lx
	ly	lz	ma	mb	mc	md
	me	mf	mg	mh	mi	mj
	mk	ml	mn	mo	mp	mq
	mr	ms	mt	mu	mv	mw
	mx	my	mz	na	nb	nc
	nd	ne	nf	ng	nh	ni
	nj	nk	nl	nm	no	np
	nq	nr	ns	nt	nu	nv
	nw	nx	ny	nz	oa	ob
	oc	od	oe	of	og	oh
	oi	oj	ok	ol	om	on
	oo	op	oq	or	os	ot
	ou	ov	ow	ox	oy	oz
	pa	pb	pc	pd	pe	pf
	pg	ph	pi	pj	pk	pl
	pm	pn	po	pp	pq	pr
	ps	pt	pu	pv	pw	px
	py	pz	qa	qb	qc	qd
	qe	qf	qg	qh	qi	qj
	qk	ql	qm	qn	qo	qp
	qq	qr	qs	qt	qu	qv
	qw	qx	qy	qz	ra	rb
	rc	rd	re	rf	rg	rh
	ri	rj	rk	rl	rm	rn
	ro	rp	rq	rr	rs	rt
	ru	rv	rw	rx	ry	rz
	sa	sb	sc	sd	se	sf
	sg	sh	si	sj	sk	sl
	sm	sn	so	sp	sq	sr
	ss	st	su	sv	sw	sx
	sy	sz	ta	tb	tc	td
	te	tf	tg	th	ti	tj
	tk	tl	tm	tn	to	tp
	tq	tr	ts	tt	tu	tv
	tw	tx	ty	tz	ua	ub
	uc	ud	ue	uf	ug	uh
	ui	uj	uk	ul	um	un
	uo	up	uq	ur	us	ut
	uv	uw	ux	uy	uz	va
	vb	vc	vd	ve	vf	vg
	vh	vi	vj	vk	vl	vm
	vn	vo	vp	vq	vr	vs
	vt	vu	vv	vw	vx	vy
	vz	wa	wb	wc	wd	we
	wf	wg	wh	wi	wj	wk
	wl	wm	wn	wo	wp	wq
	wr	ws	wt	wu	wv	ww
	wx	wy	wz	xa	xb	xc
	xd	xe	xf	xg	xh	xi
	xj	xk	xl	xm	xn	xo
	xp	xq	xr	xs	xt	xu
	xv	xw	xx	xy	xz	ya
	yb	yc	yd	ye	yf	yg
	yh	yi	yj	yk	yl	ym
	yn	yo	yp	yq	yr	ys
	yt	yu	yv	yw	yx	yz
	za	zb	zc	zd	ze	zf
	zg	zh	zi	zj	zk	zl
	zm	zn	zo	zp	zq	zr
	zs	zt	zu	zv	zw	zx
	zy	zz				

Figure 1: Managed Care Differential Rate Billing Code Set for a Medi-Cal member child as part of a dyad

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3 PAT. CNTRL #		4 TYPE OF BILL 77	
6 PATIENT NAME a SMITH, JOHNNY		9 PATIENT ADDRESS a					
10 BIRTHDATE 08241998		11 SEX M		12 DATE		13 ADMISSION	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42 VALUE CODES	
43 DESCRIPTION 0521 MEDICAL VISIT		44 HCPCS / RATE / HIRP CODE T1015 SE G8510 U1 HB G0442 U1 HB H2015 U1 HB		45 SERV. DATE 101124 101124 101124 101124		46 SERV. UNITS 1 0 0 0	
47 TOTAL CHARGES 275 00		48 NON-COVERED CHARGES		49		50	
PAGE OF		CREATION DATE		TOTALS		275 00	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 PBL INFO		53 ASG/BBN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 0122345789		57 OTHER PFM ID	
58 INSURED'S NAME		59 PBL		60 INSURED'S UNIQUE ID 9000000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 Z13.31		67 A		68 B		69 C	
70 PATIENT REASON FOR		71 HIRP CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE		77 OTHER PROCEDURE DATE	
78 ATTENDING NPI		79 OPERATING NPI 123456789		80 OTHER NPI		81 OTHER NPI	
82 REMARKS		83		84		85	

Figure 2: Managed Care Differential Rate Billing Code Set for a Medi-Cal member caregiver as part of a dyad

Managed Care Differential Rate for a Non-Medi-Cal Member Caregiver

Figure 3. Managed Care Differential Rate billing code set for a non-Medi-Cal caregiver as part of a dyad under the child's Medi-Cal ID

This is a sample scenario only. Please adapt to your billing situation.

A child is brought into the FQHC or RHC by a caregiver who is NOT enrolled in Medi-Cal for a medical well-child visit. The dyad is provided a Dyadic Behavioral Health (DBH, code H1011) screening and 30 minutes of Dyadic Family Training and Counseling for Child Development (Code T1027) immediately following the medical well-child appointment. At that visit, the caregiver receives a health behavior assessment using CPT code 96167 while the child is present.

When the caregiver is NOT a Medi-Cal member, all dyadic services for both the child and caregiver must be billed under the child's Medi-Cal ID. Dyadic services for both the child and the non-Medi-Cal caregiver are submitted on one claim form to the MCP. The FQHC or RHC bills a PPS-eligible medical visit claim to the MCP using the child's Medi-Cal ID, which will reimburse the medical/mental health visit at the MCP contracted rate. Subject to the MCP billing instructions, on the same claim form under the child's Medi-Cal ID, include the DBH screening HCPCS code H1011 and modifier U1, two units of Dyadic Family Training and Counseling for Child Development code T1027 with modifiers U1 and UK, and the health behavior assessment code 96156 with modifiers U1 and UK.

To complete the Managed Care Differential Rate reimbursement (a.k.a. wrap-around payment) process, use the standard billing code set: Revenue code 0521 and the procedure code T1015 with modifier SE. The FQHC or RHC must include the applicable dyadic service code(s) on the claim's informational line for accurate utilization tracking and "wrap" reconciliation.

On claim line 1 of the child's UB-04 claim form, enter the revenue code 0521 in the *Revenue Code* field (Box 42), the description of the code in the *Description* field (Box 43), and the corresponding procedure code with modifier (T1015 SE) in the *HCPCS/Rate* field (Box 44). Enter the date of service in the *Service Date* field (Box 45) in six-digit format. A "1" is entered in the *Service Units* field (Box 46) for the Managed Care Differential Rate billing code set to indicate the billing is for the differential for the PPS eligible visit. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim lines 2, 3, and 4 of the UB-04 form, enter the dyadic procedure code specific to the visit in the *HCPCS/Rate field (Box 44)*, respectively, followed by the date of service in the *Service Date field (Box 45)*. A “1,” “1,” and “2” respectively are entered in the *Service Units field (Box 46)* for the number of service units provided for the procedure code. When filling out an informational line, *Box 47* must be zeros because this line is not payable.

Note: If billing the Managed Care Differential Rate for both a medical/mental health visit and dental visit, or for a third visit (allowable only in special circumstances) on the same dates of service, billers should refer to the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Billing Codes* section for billing instruction.

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name field (Box 50)*. The NPI is placed in the *NPI field (Box 56)*.

Enter an appropriate dyadic ICD-10-CM diagnosis code, if required. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX field (Box 66)*. An indicator is required when an ICD-10-CM/PCS code is entered on the claim.

Enter the rendering physician’s NPI in the *Operating field (Box 77)* or the ORP provider’s individual (Type 1) NPI in *Attending field (Box 76)*.

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the remaining fields.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3a PAT CNTRL # b. MED. REC. #		4 TYPE OF BILL 77																																			
8 PATIENT NAME a JONES, INFANT		9 PATIENT ADDRESS b																																							
10 BIRTH-DATE 08242022		11 SEX M		12 DATE		13 ADMISSION TYPE		14 SRC		15 DHR		16 STAT		17		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37		38		39		40		41		42		43		44		45		46		47		48		49					
38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55		56		57		58		59		60					
0521		MEDICAL VISIT		T1015 SE		101124		1		275 00																															
				H1011 U1		101124		1		0 00																															
				96156 U1 UK		101124		1		0 00																															
				T1027 U1 UK		101124		2		0 00																															
PAGE		OF		CREATION DATE		TOTALS		275 00																																	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 BILL PERIOD		53 APT. SERV.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 0122345789		57 OTHER PRV. ID		58		59		60		61		62		63		64		65		66		67							
56 INSURED'S NAME		59 FREL		60 INSURED'S UNIQUE ID 90000000000A95001		61 GROUP NAME		62 INSURANCE GROUP NO.		63		64		65		66		67		68		69		70		71		72		73		74		75							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80							
Z13.39		A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q							
69 ADMIT DX		70 PATIENT REASON DX		71 ICD-9		72 ICD-10		73		74		75		76		77		78		79		80		81		82		83		84		85		86							
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 PRINCIPAL PROCEDURE DATE		77 OTHER PROCEDURE DATE		78 ATTENDING (NPI)		79 QUAL		80		81		82		83		84		85		86		87		88		89		90		91							
77 OPERATING (NPI)		78 QUAL		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94							
78 OTHER (NPI)		79 QUAL		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95							
79 OTHER (NPI)		80 QUAL		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96							
80 REMARKS		81 CC		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97							
81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98							

Figure 3: Managed Care Differential Rate Billing Code set for a Non-Medi-Cal member caregiver as part of a dyad under the child's Medi-Cal ID

Dyadic Services via Fee-for-Service to Medi-Cal member Child and Caregiver

Figure 4. Fee-For-Service Billing Code Set for a Medi-Cal member Caregiver as part of a dyad

Figure 5. Fee-For-Service Billing Code Set for a Medi-Cal member Child as part of a dyad

This is a sample scenario only. Please adapt to your billing situation.

A child is brought into an FQHC or RHC for a medical well-child visit by a caregiver. Both the child and the caregiver are Medi-Cal FFS members. The dyad is provided a DBH screening by an FQHC billable provider immediately following the medical well-child appointment. At that visit, the caregiver receives a full medical evaluation (visit) including two dyadic services, i.e., a Depression Screening (with a negative result) using G8510, and Tobacco Cessation Counseling provided by an FQHC billable provider using 99406.

The well-child medical visit qualifies for PPS reimbursement. Submit the claim to the Department's FI utilizing the child's Medi-Cal ID. Use the standard billing code set revenue code 0521 and procedure code T1015.

Note: There is no wrap payment, as the rate on file for 0521/T1015 is the full PPS rate. On the same claim, under the child's Medi-Cal ID, include the DBH screening HCPCS code H1011 and modifier U1. The Department's FI will reimburse the service at the established Medi-Cal FFS rate for the code.

The caregiver's medical/mental health visit is eligible for PPS reimbursement. Submit the claim to the Department's FI utilizing the caregiver's Medi-Cal ID. Use the standard billing code set revenue code 0521 and procedure code T1015.

Note: There is no wrap payment, as the rate on file for T1015 is the full PPS rate. On the same claim, with the caregiver's Medi-Cal ID, include the following dyadic codes and modifiers: Depression screening - HCPCS code G8510 with modifier U1 and modifier HB, Tobacco Cessation Counseling – CPT code 99406 with modifier U1 and modifier HB. The Department's FI will reimburse the dyadic services at the established Medi-Cal FFS rate for each code.

On claim line 1 of both the child's and caregiver's *UB-04* claim forms, enter the revenue code 0521 in the *Revenue Code* field (Box 42), the description of the code in the *Description* field (Box 43), and the corresponding procedure code with modifier (T1015) in the *HCPCS/Rate* field (Box 44). Enter the date of service in the *Service Date* field (Box 45) in six-digit format. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 2 of the child's *UB-04* form, enter the procedure code specific to the visit in the *HCPCS/Rate* field (Box 44) respectively, followed by the date of service in the *Service Date* field (Box 45). A "1" is entered in the Service Units field (Box 46) for the number of service units provided for the procedure code. When filling out an informational line, Box 47 must be zeros because this line is not payable.

On claim lines 2 and 3 of the caregiver's *UB-04* form, enter the procedure code specific to the visit in the *HCPCS/Rate* field (Box 44), respectively, followed by the date of service in the *Service Date* field (Box 45). A "1" and "1" are entered in the Service Units field (Box 46) for the number of service units provided for the procedure codes. When filling out an informational line, Box 47 must be zeros because this line is not payable.

Note: Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The NPI is placed in the *NPI* field (Box 56).

Enter an appropriate ICD-10-CM diagnosis code. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required when an ICD-10-CM/PCS code is entered on the claim.

Enter the rendering physician's NPI in the *Operating* field (Box 77) or the ORP provider's individual (Type 1) NPI in *Attending* field (Box 76).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the remaining fields.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3a PAT CNTL # b. MED. REC. # 5 FED. TAX NO.		4 TYPE OF BILL 77	
6 PATIENT NAME BROWN, STEPHEN				9 PATIENT ADDRESS			
10 BIRTHDATE 08241980	11 SEX M	12 DATE		13-17		18-21	
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH		38	
39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT		42	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1 0521	MEDICAL VISIT	T1015		101124	1	275 00	
2	DEPRESSION SCREENING	G8510 U1 HB		101124	1	17 14	
3	TOBACCO CESSATION	99406 U1 HB		101124	1	13 37	
PAGE OF				CREATION DATE	TOTALS	305 51	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
56 INSURED'S NAME		59 PEL		60 INSURED'S UNIQUE ID 9000000000A95001		61 GROUP NAME	62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX Z13.31		67		68		69	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 ATTENDING NPI 123456789	
78 OTHER NPI		79 OTHER NPI		80 REMARKS		81 CC	

Figure 4. Fee-For-Service Billing Code Set for a Medi-Cal member caregiver as part of a dyad

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.