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

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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.

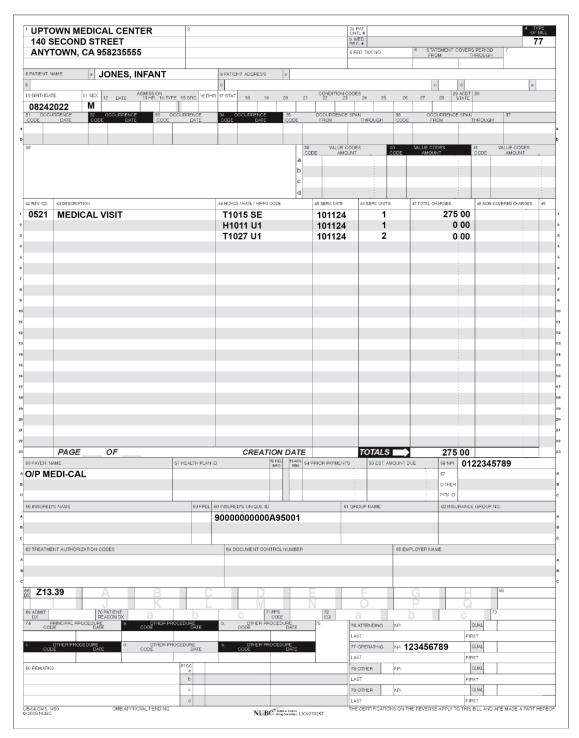


Figure 1: Managed Care Differential Rate Billing Code Set for a Medi-Cal member child as part of a dyad

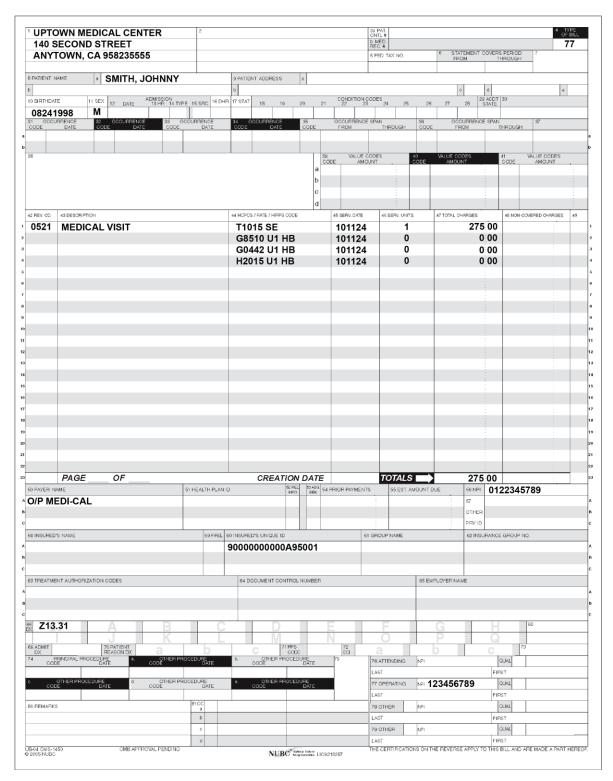


Figure 2: Managed Care Differential Rate Billing Code Set for a Medi-Cal member caregiver as part of a dyad

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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.

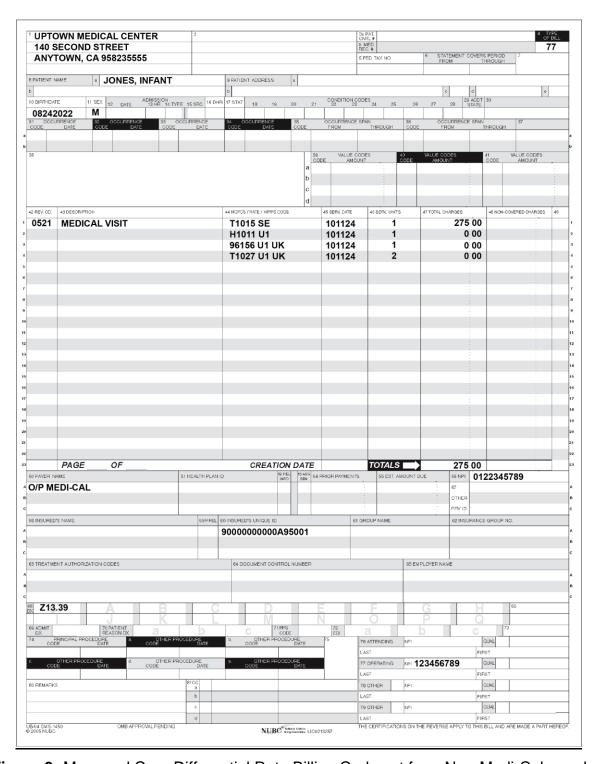


Figure 3: Managed Care Differential Rate Billing Code set for a Non-Medi-Cal member caregiver as part of a dyad under the child's Medi-Cal ID

<u>Dyadic Services via Fee-for-Service to Medi-Cal member Child</u> <u>and Caregiver</u>

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.

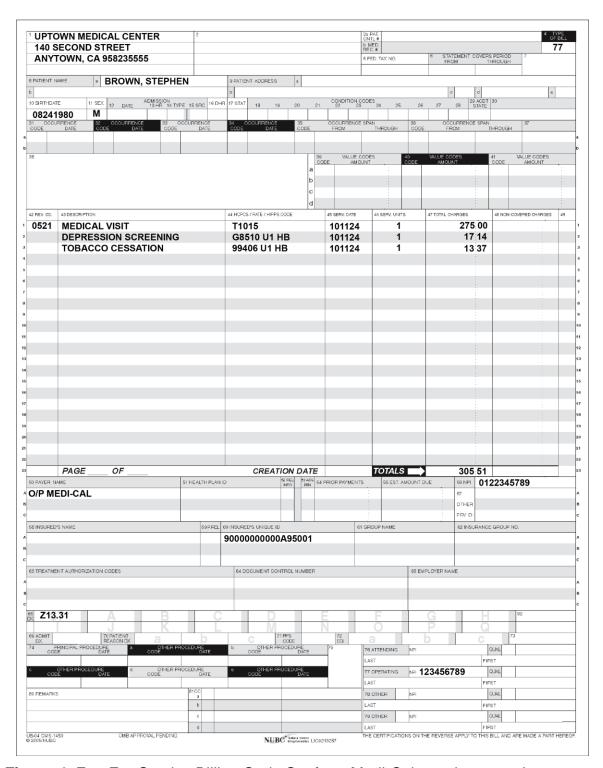


Figure 4. Fee-For-Service Billing Code Set for a Medi-Cal member caregiver as part of a dyad

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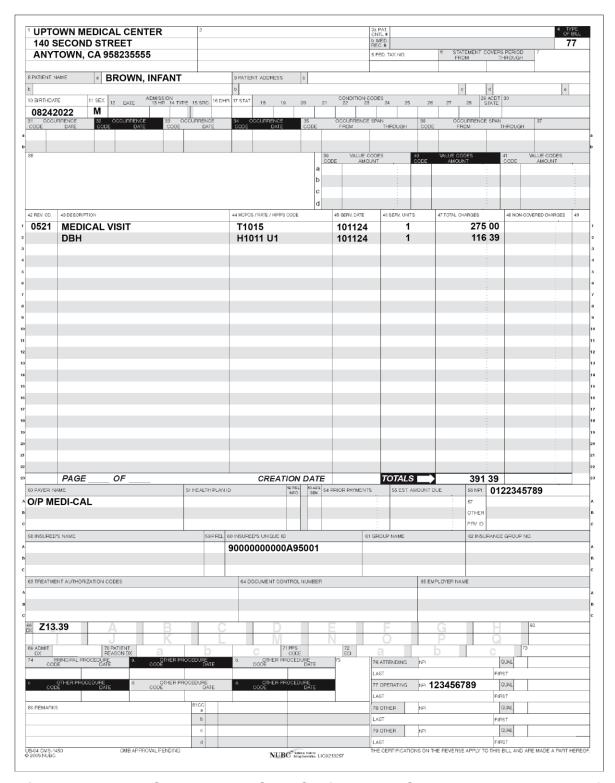


Figure 5. Fee-For-Service Billing Code Set for a Medi-Cal member child as part of a dyad

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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.
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