
Dyadic Services

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Program Coverage

Dyadic services are a Medi-Cal benefit available to eligible Medi-Cal members including members under 21 years of age and their parents(s)/caregiver(s) in both the fee-for-service (FFS) and managed care delivery systems consistent with [California Welfare and Institutions Code section 14132.755](#). Dyadic services are a family and caregiver focused model of care intended to address developmental and behavioral health conditions of children and include services provided to the parents/caregiver(s). Dyadic services help improve access to preventive care for children, rates of immunization completion, as well as address coordination of care, child social-emotional health and safety, developmentally appropriate parenting/caregiving and parent/caregiver mental health.

Definitions

Dyadic Services: Dyadic services include Dyadic Behavioral Health (DBH) visits, access to community supports services, psychoeducational services and family training and counseling for child development.

Dyad: A dyad is something that consists of two components or parts. As used in this section, dyadic services are provided to the child and/or caregiver together and this pair is referred to as a “dyad”.

Dyad Service Plan: The dyad service plan is developed by a treating health care provider and consists of specific medical, social, educational, and other health-related needs identified during medical visits, DBH visit, or other interactions with the child and/or parent/caregiver.

Social Determinants of Health: Social determinants of health (SDOH) refer to economic and social condition(s) that influence the health of individuals and communities. SDOH(s) including but are not limited to food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities.

Provider Requirements

Dyadic services may only be provided by the following providers who are specially trained and qualified to deliver dyadic services within their respective scope of practice as defined by the applicable California licensing body:

- Physicians (MD/DO), including licensed psychiatrists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Psychiatric Physician Assistants (PAs)
- Psychiatric Nurse Practitioners (NPs)
- Licensed Psychologists
- Associate Marriage and Family Therapists (AMFTs)*
- Associate Professional Clinical Counselors (APCCs)*
- Associate Clinical Social Workers (ASWs)*
- Psychology Associates*

***Note:** Associate-level provider types may render dyadic services under the supervision of a licensed, enrolled Medi-Cal provider who submits claims on their behalf. On the *CMS-1500* claim form (or 837P electronic equivalent), the associate provider's name must be listed in the *Additional Claim Information* field (Box 19) or in an attachment, along with the supervising provider's National Provider Identifier (NPI) number as the "billing provider."

For information regarding which services are billable by each type of provider, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* section of the appropriate Part 2 manual.

Covered Services

Medi-Cal covers the following dyadic services:

- DBH visits
- Dyadic comprehensive community support services
- Dyadic psychoeducational services
- Dyadic family training and counseling for child development
- Brief emotional/behavioral assessments
- Adverse Childhood Experiences (ACEs) screenings
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Depression screenings
- Health behavior assessments and interventions
- Psychiatric diagnostic evaluations
- Tobacco cessation counseling

Billing Codes

The following billing codes, along with identified diagnosis code(s), modifier(s), and frequency limits, may be used for the covered dyadic services listed above when submitting claims:

DBH Visits

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
H1011	DBH visit	Z13.39	U1 (dyadic service)	Two per year

Available for members under 21 years of age and reimbursable when delivered according to the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule for psychosocial/behavioral assessments and whenever medically necessary.

DBH visits should occur on the same day as the medical well-child visit whenever possible and clinically indicated. DBH visits may be delivered as part of the HealthySteps program or a different DBH program or in a medical setting without a certified DBH program as long as the following components are included:

- Behavioral health history for child and parent/caregiver(s) including parent(s)/caregiver(s) interview addressing child's temperament, relationship with others, interests, abilities, and caregiver concerns.
- Developmental history of the child
- «Observation of behavior of child and parent/caregiver(s) and interaction between child and caregiver(s)
- Mental status assessment of parent/caregiver(s)
- Screening for family needs which may include tobacco use, substance use, utility needs, transportation needs, and interpersonal safety, including guns in the home.
- Screening for SDOH
- Age-appropriate anticipatory guidance focused on behavioral health promotion/ risk factor reduction, which may include:
 - Educating parent/caregiver(s) on how their and their child's life experiences (for example, ACEs) impact their parenting as well as their child's development
 - Information and resources to support the child through different stages of development as indicated
- Making essential referrals and connections to community resources through care coordination and helping parent(s)/caregiver(s) prioritize needs

Dyadic Comprehensive Community Support Services

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
H2015	Dyadic Comprehensive Community Support Services, per 15 minutes	Any ICD-10 diagnosis code may be used	U1 (dyadic service)	24 per year

Available for members under 21 years of age and reimbursable for the initial and periodic family encounter, assessment, and dyad service plan development for the benefit of the child. Dyadic Comprehensive Community Support Services may include any of the following:

- Assistance in maintaining, monitoring and modifying covered services as outlined in the dyad's service plan to address an identified clinical need.
- Brief telephone or face-to-face interactions with a person, family or other involved member of the clinical team, for the purpose of offering assistance in accessing an identified clinical service.
- Assistance in finding and connecting to necessary resources other than covered services to meet basic needs.
- Communication and coordination of care with the person's family, medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other state agencies.
- Outreach and follow-up of crisis contacts and missed appointments.
- Other activities as needed to address the dyad's identified treatment and/or support needs.

Dyadic Family Training and Counseling for Child Development Services

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
T1027	Dyadic Family Training and Counseling for Child Development, per 15 minutes	Any ICD-10 diagnosis code may be used	U1 (dyadic service)	24 per year

Available for members under 21 years of age and reimbursable for the initial and periodic family training and counseling for child development provided to the child and parent(s)/caregiver(s), which can be related to a child's behavioral issues, developmentally appropriate parenting strategies for child and parent(s)/caregiver(s) interactions, and related issues.

Dyadic Psychoeducational Services

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
H2027	Dyadic Psychoeducational Services, per 15 minutes	Any ICD-10 diagnosis code may be used	U1 (dyadic service)	24 per year

Available for members under 21 years of age and reimbursable for the initial and periodic psychoeducational services provided to the child and/or parent/caregiver. Dyadic psychoeducational services are planned, structured interventions that involve presenting or demonstrating information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.

ACE Screening

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
G9919	Screening performed and positive and provision of recommendations) is to be used when the member's ACE score is four or greater (high risk)	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per year for ages 0 to 20 One per lifetime for ages 21 to 64
G9920	(Screening performed and negative) is to be used when the ACE score is between zero and three (lower risk)	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per year for ages 0 to 20 One per lifetime for ages 21 to 64

«Available for members 12 to 20 years of age and their parent(s)/caregiver(s). Additional services may be available to members under 12 years of age based upon medical necessity pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. For more information on Brief Emotional/Behavioral Assessments, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* and the *Preventive Services* sections of the appropriate Part 2 manual.»

Screening: Brief Intervention and Referral to Treatment

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
G0442	Annual alcohol misuse screening, 15 minutes	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, per provider
H0049	Alcohol and/or drug screening	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, per provider
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	ICD-10 diagnosis code specific to alcohol and/or drug use or condition when service is for child Z71.89 when service is for caregiver	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, per provider

Available for members 11 to 20 years of age and their parent(s)/caregiver(s). Additional services may be available to members under 11 years of age based upon medical necessity pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. «For more information on Brief Emotional/Behavioral Assessments, refer to *the Non-Specialty Mental Health Services: Psychiatric and Psychological Services* and the *Preventive Services* sections of the appropriate Part 2 manual.»

Emotional/Behavioral Assessment

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
96127	Brief Emotional/Behavioral Assessment	Any ICD-10 diagnosis code may be used when service is for child Z13.39 when service is for parent(s)/caregiver(s)	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	Two per day, per provider

Available for members under 21 years of age and their parent(s)/caregiver(s). «For more information on Brief Emotional/Behavioral Assessments, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* and *Prevention Services* sections of the appropriate Part 2 manual.»

Depression Screening

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
G8431	Depression Screening (Positive with Follow-up Plan)	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per year
G8510	Depression Screening (Negative)	Any ICD-10 diagnosis code may be used	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per year

Available for members 12 to 20 years of age and their parent(s)/caregiver(s). Additional services may be available to members under 12 years of age based upon medical necessity pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. «For more information on Brief Emotional/Behavioral Assessments, refer to the *Non-Specialty Mental Health Services: Psychiatric and Psychological Services* and the *Preventive Services* section of the appropriate Part 2 manual.»

Health Behavior Assessment and Interventions

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
96156	Health behavior assessment	ICD-10 diagnosis code specific to child's physical health Z71.89 when service is for parent(s)/caregiver(s) physical health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, any provider
96167	Health Behavior Intervention (HBI); family with patient	ICD-10 diagnosis code specific to child's physical health Z71.89 when service is for parent(s)/caregiver(s) physical health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, any provider
96168	HBI, family with patient; each additional 15 minutes	ICD-10 diagnosis code specific to child's physical health Z71.89 when service is for parent(s)/caregiver(s) physical health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	Six per day, any provider

Health Behavior Assessment and Interventions (continued)

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
96170	HBI, family without patient	ICD-10 diagnosis code specific to child's physical health Z71.89 when service is for parent(s)/caregiver(s) physical health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, any provider
96171	HBI, family without patient; each additional 15 minutes	ICD-10 diagnosis code specific to child's physical health Z71.89 when service is for parent(s)/caregiver(s) physical health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day, any provider

Available for members under 21 years of age and their parent(s)/caregiver(s). For more information refer to the *Non-Specialty Mental Health Services Provider Manual, Health Behavior Assessment and Intervention Services* section of the appropriate Part 2 manual.

Psychiatric Diagnostic Evaluation

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
90791	Psychiatric diagnostic evaluation	ICD-10 code specific to child's mental health or DSM-5-TR diagnosis Z13.39 when service is for parent(s)/caregiver(s) mental health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	«One per day; different provider»
90792	Psychiatric diagnostic evaluation with medical services	ICD-10 code specific to child's mental health or DSM-5-TR diagnosis Z13.39 when service is for parent(s)/caregiver(s) mental health	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	«One per day; different provider»

Available for members under 21 years of age and their parent(s)/caregiver(s). For more information refer to the *Non-Specialty Mental Health Services Provider Manual, Psychiatric Diagnostic Evaluation* section. of the appropriate Part 2 manual.

Tobacco Cessation Counseling

Billing Code	Description	Diagnosis Code	Modifier	Frequency Limit
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes	Any ICD-10 diagnosis code may be used when service is for child Z71.89 when service is for parent(s)/caregiver(s)	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Any ICD-10 diagnosis code may be used when service is for child Z71.89 when service is for parent(s)/caregiver(s)	U1 (dyadic service) If applicable, UK (parent(s)/caregiver(s) not enrolled in Medi-Cal) or HB (parent(s)/caregiver(s) enrolled in Medi-Cal)	One per day

«For more information on Brief Emotional/Behavioral Assessments, refer to the *Preventive Services* section of the appropriate Part 2 manual.»

Additional Billing and Claim Submission Requirements

When dyadic services are provided to a Medi-Cal member, all claims should be submitted by the provider with the corresponding billing code(s) (CPT® or HCPCS) and using the Medi-Cal member's ID (child or parent/caregiver) who received dyadic services. For more details, refer to the following table:

Medi-Cal Enrolled

	Medi-Cal ID?	Child Presence Required?
Child	Child's Medi-Cal ID	Yes, the child is receiving services.
Parent(s)/ Caregiver(s)	Parent(s)/caregiver(s) Medi-Cal ID.	Yes, the child <u>must</u> be present <u>whenever possible and clinically indicated</u> when the parent(s)/caregiver(s) receive(s) dyadic services.

Not Medi-Cal Enrolled

	Medi-Cal ID?	Child Presence Required?
Child	Child's Medi-Cal ID	Yes, the child is receiving services.
Parent(s)/ Caregiver(s)	Child's Medi-Cal ID	Yes, the child <u>must</u> always be present without exception when the parent(s)/caregiver(s) receive(s) dyadic services.

All dyadic services must be billed with modifier U1 for dyadic services provided to members under 21 years of age (child) or their parent(s)/caregiver(s). The Medi-Cal parent(s)/caregiver(s) receiving dyadic services must be billed with both modifiers U1 modifier and HB (denoting services provided to a parent(s)/caregiver. Additionally, when dyadic services are provided to parent(s)/caregiver(s) who are not enrolled in Medi-Cal, all dyadic services must be billed with both modifiers U1 (denoting dyadic services) and UK (denoting services provided to parent(s)/caregiver(s)).

Documentation Requirements

Providers must maintain appropriate, complete, and HIPAA-compliant supporting documentation for any claims submitted for dyadic services provided to members under 21 years of age (child) and their parent(s)/caregiver(s) (whether or not Medi-Cal eligible), which should confirm to all existing Medi-Cal policies and must be made available both in the event of an audit as well as to the Department of Health Care Services (DHCS) upon request.

Specifically, this should include the following information documented in the medical record:

- Dates and time/duration of services provided
- Specific dyadic services rendered, along with billing codes (CPT or HCPCS)
- Any identified needs and/or issues to be addressed, including any follow-up care recommended
- Explanation of medical necessity
- A diagnosis (or multiple diagnoses) pertaining to the dyadic services, if applicable
- Discussion and/or creation of a dyad service plan, if applicable
- Any other information that is necessary to substantiate provision of dyadic services rendered, if necessary

Additionally, if the member under 21 years of age (child) is not present when dyadic services are provided to their parent(s)/caregiver(s), then the provider must also specifically document the reason why the member (child) did not accompany the parent(s)/caregiver(s) and explain how the dyadic service(s) provided to the parent(s)/caregiver(s) is/are for the direct benefit of the member (child).

Note: All documentation should be maintained in the medical record (i.e., under the Medi-Cal ID) of the member who received dyadic services. For example, if both the member under 21 years of age (child) and their parent(s)/caregiver(s) are enrolled in Medi-Cal and both received dyadic services, then any dyadic services provided to the member child would be maintained under the child's Medi-Cal ID/medical record and any dyadic services provided to the parent(s)/caregiver(s) would be maintained under the parent(s)/caregiver(s) Medi-Cal ID/medical record. Alternatively, if the parent(s)/caregiver(s) are not enrolled in Medi-Cal, then all documentation would be maintained under the child's Medi-Cal ID/medical record since the dyadic services were for the direct benefit of the child. Providers are expected to carefully track any dyadic services provided to the parent(s)/caregiver(s) who are not enrolled in Medi-Cal.

Telehealth

Dyadic services may be provided via synchronous audio-only or synchronous audio-visual (video) telehealth modalities consistent with all of the requirements outlined in the Medicine: *Telehealth* section in Part 2 of the Provider Manual. Providers may bill for services provided by telehealth using either modifier 93 for synchronous audio-only or modifier 95 for synchronous video. The required U1 modifier must be entered on the claim line before the telehealth modifiers to ensure proper adjudication of the dyadic claim.

Note: For members under 21 years of age which includes infants and young children, the member must be present when dyadic services are provided, whether in-person or via a telehealth modality, even if the parent(s)/caregiver(s) is/are the primary communicator with the provider. This allows the provider to assess the member directly and ensures that the standard of care is maintained, which is essential for billing purposes.

Reimbursement Rates

Dyadic services are reimbursed using the specific billing codes, CPT and HCPCS, identified in this section at the Medi-Cal fee-for-service rate on file. Current Medi-Cal fee-for-service reimbursement rates for dyadic services can be found on [Medi-Cal Rates](#) page.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Dyadic services are separate and distinct from EPSDT coverage, also known as Medi-Cal for Kids & Teens (or MCKT). Dyadic services are for members under 21 years of age and their parent(s)/caregiver(s) together as a “dyad”. Alternatively, EPSDT/MCKT provides comprehensive, age-appropriate screening, diagnostic, and treatment services to members under 21 years of age (children and youth) and follows the Bright Futures/AAP Periodicity schedule (as well as inter-periodic intervals when determined to be medically necessary by a provider). For more information refer to *Early and Periodic Screening, Diagnostic and Treatment Services* section of the Part 2 provider manual.

Clinic Policy & Reimbursement

For specific, additional policy and reimbursement information on dyadic services provided by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Services under the Memorandum of Agreement (638 IHS-MOA), and Tribal Health FQHC providers, please refer to the FQHC, RHC, IHS-MOA, and Tribal FQHC sections below.

For more information on dyadic services, refer to the DHCS website: [Dyadic Services as a Medi-Cal Benefit](#).

Clinic Policy & Reimbursement: Dyadic Services Provided by FQHC, RHC, IHS-MOA, and Tribal FQHC Providers

Dyadic services provided by FQHC, RHC, IHS-MOA and Tribal FQHC providers are reimbursed at the Medi-Cal fee-for-service reimbursement rate on file for any dyadic services provided on the same day when as an eligible Prospective Payment System (PPS) rate or All-Inclusive Rate (AIR) visit is provided, pursuant to approved [State Plan Amendment 23-0010](#). Please note that the Medi-Cal fee-for-service reimbursement paid to FQHC, RHC, IHS-MOA and Tribal FQHC providers is in addition to, not in lieu of, the same-day eligible PPS or AIR visit. Please note that unless otherwise specific in this section, all other Medi-Cal policy requirements, including those listed above for dyadic services, apply to FQHC, RHCs, IHS-MOA and Tribal FQHC providers.

FQHC and RHC Providers

Under existing Medi-Cal reimbursement policy, FQHC and RHC providers are allowed to bill one (1) mental health or medical visit at their PPS rate per member, per day, when covered services are provided by a billable provider. The following outlines how FQHC and RHC provider must bill for dyadic services:

Medi-Cal Enrolled

- When a dyadic service is provided to a member under 21 years of age (child) and/or their parent(s)/caregiver(s) during the one (1) medical or mental health visit on the same day, the dyadic service would be billed using the applicable billing code (CPT or HCPCS) and reimbursed at the Medi-Cal fee-for-service reimbursement rate on file, in addition to the PPS rate paid for the child's and/or parent(s)/caregiver(s) visit.
- If the FQHC or RHC provider has met its one (1) visit-per-day limitation, then any dyadic service(s) provided on that same day would be reimbursed only at the Medi-Cal fee-for-service reimbursement rate on file.

Not Medi-Cal Enrolled

- Dyadic service(s) provided to parent(s)/caregiver(s) who are not enrolled in Medi-Cal would be reimbursed at the Medi-Cal fee-for-service reimbursement rate on file, in addition to the PPS rate paid for the member under 21 years of age (child)'s visit.

Additionally, please note that multiple dyadic services can be provided on the same day, and each should be billed using the applicable billing code (CPT or HCPCS) and reimbursed and would be reimbursed separately at the Medi-Cal fee-for-service rate on file.

IHS-MOA

Under existing policy, IHS-MOAs are reimbursed at the AIR for up to three (3) visits per member, per day, one in each service category of medical, mental health, and ambulatory/dental, for services provided by a billable health professional. There is no change to the existing policy.

Medi-Cal Enrolled

- If a dyadic service (or multiple dyadic services) is/are provided during any one of the three (3) allowable visits with a billable health professional on the same day, then the billable visit would be reimbursed at the AIR and the IHS-MOA provider would also receive the fee-for-service reimbursement rate for the specific dyadic service(s).
- If the IHS-MOA provider has met its three (3) visit-per-day limitation, then dyadic service(s) provided on that same day would be reimbursed only at the fee-for-service reimbursement rate.

Non-Medi-Cal Enrolled

- Dyadic service(s) provided to a non-Medi-Cal eligible parent or caregiver during a billable visit will be reimbursed at the fee-for-service reimbursement rate, because the dyadic services being provided are for the direct benefit of the Medi-Cal eligible child who is present during the visit (source: CIB 2016).

Note: If the Medi-Cal member receives multiple visits in a day, providers should ensure that the same dyadic services are not duplicated as it will not be reimbursable.

Tribal FQHC

Under existing policy, Tribal FQHCs are reimbursed at the Alternate Payment Methodology (APM), which is set at the AIR, for up to three (3) visits per member, per day, in any combination of medical, mental health, ambulatory, and dental visits, when provided by a billable health professional. Services in the same category are allowed but each visit must be for distinct and different reasons. There is no change to the existing policy.

Medi-Cal Enrolled

- If a dyadic service (or multiple dyadic services) is/are provided during any one of the three (3) allowable visits with a billable health professional on the same day, then the billable visit would be reimbursed at the AIR and the Tribal FQHC would also receive the fee-for-service reimbursement rate for the specific dyadic service(s).
- If the Tribal FQHC has met its three (3) visit-per-day limitation, then dyadic service(s) provided on that same day would be reimbursed only at the fee-for-service reimbursement rate.

Non-Medi-Cal Enrolled

- Dyadic service(s) provided to a non-Medi-Cal eligible parent or caregiver during a billable visit will be reimbursed at the fee-for-service reimbursement rate, because the dyadic services being provided are for the direct benefit of the Medi-Cal eligible child who is present during the visit (source: CIB 2016).

Note: If the Medi-Cal member receives multiple visits in a day, providers should ensure that the same dyadic services are not duplicated as it will not be reimbursable.

Special Clinic Billing Requirements

For members enrolled in the managed care delivery system, FQHC and RHC providers do not bill DHCS directly for dyadic services. Instead, FQHC and RHC providers must bill the member's assigned Managed Care Plan (MCP) for dyadic services. FQHC and RHC providers should contact the Medi-Cal MCP for plan-specific billing requirement information. Additional, MCP-specific guidance may also be provided via [Managed Care All Plan Letters](#), which would be available on the DHCS website, as well as other policy documents released by DHCS.

Dyadic Billing Scenarios and Examples

The following billing scenarios and examples are intended to help FQHC and RHC providers appropriately bill and be reimbursed for dyadic services, depending on whether a member is in Medi-Cal fee-for-service or managed care.

Medi-Cal Fee-for-Service

Scenario 1: A child is brought into the FQHC for a medical well-child visit by a parent/caregiver. Both the child and their parent(s)/caregiver(s) are enrolled in Medi-Cal. The dyad is provided a DBH screening by an FQHC billable provider immediately following the medical well-child appointment. At that visit, the parent/caregiver receives a full medical evaluation (visit) including two, additional dyadic services, i.e., a depression screening (with a negative result) using HCPCS code G8510 and tobacco cessation counseling using CPT code 99406 by an FQHC billable provider who is clinically qualified and trained to provide dyadic services.

The FQHC should take the following steps when billing for dyadic services under this scenario:

Child

- Since the well-child medical visit qualifies for PPS reimbursement, the FQHC would submit a claim to the DHCS' FI, utilizing the child's Medi-Cal ID and standard billing code set (i.e., revenue code 0521 and procedure code T1015). There is no wrap payment.
- On the same claim, under the child's Medi-Cal ID, the FQHC would also include the DBH screening HCPCS code H1011 and modifier U1. The Department's FI would then reimburse the service at the established Medi-Cal fee-for-service reimbursement rate on file.

Parent(s)/Caregiver(s)

- Since the parent/caregiver's mental health visit qualifies for PPS reimbursement, the FQHC would submit a claim to DHCS FI utilizing the parent/caregiver's Medi-Cal ID and the standard billing code set (i.e., revenue code 0521 and HCPCS T1015). There is no wrap payment.
- On the same claim, under the parent's/caregiver's Medi-Cal ID, the FQHC would also include the following dyadic codes and modifiers:
 - Depression screening (HCPCS code G8510) with modifiers U1 and HB
 - Tobacco cessation counseling (CPT code 99406) with modifiers U1 and HB
- DHCS'FI would then reimburse the FQHC for the dyadic services at the established Medi-Cal fee-for-service reimbursement rate on file.

Scenario 2: A child is brought into the FQHC for a medical well-child visit by a parent/caregiver. Only the child is enrolled in Medi-Cal. The dyad is provided a DBH screening by an FQHC billable provider immediately following the medical well-child appointment. At that visit, the parent/caregiver receives two dyadic services, (i.e., a depression screening with a negative result) using HCPCS code G8510 and tobacco cessation counseling using CPT code 99406 by an FQHC billable provider who is clinically qualified and trained to provide dyadic services.

The FQHC should take the following steps when billing for dyadic services under this scenario:

Child

- Dyadic services provided to a parent/caregiver who is not enrolled in Medi-Cal must bill using the child's Medi-Cal ID and use both modifier U1 and UK, as noted below.
- Since the well-child medical visit qualifies for PPS reimbursement, the FQHC would submit a claim to the DHCS' FI, utilizing the child's Medi-Cal ID and standard billing code set (i.e., revenue code 0521 and procedure code T1015). There is no wrap payment.
- On the same claim, under the child's Medi-Cal ID, the FQHC would also include the following dyadic billing codes and modifiers:
 - DBH screening (HCPCS code H1011) using modifier U1
 - Depression screening (HCPCS code G8510) with modifiers U1 and UK
 - Tobacco cessation counseling (CPT code 99406) with modifiers U1 and UK

The Department's FI would then reimburse the service at the established Medi-Cal fee-for-service reimbursement rate on file.

Medi-Cal Managed Care

Scenario 1: A child is brought into the FQHC for a medical well-child visit by a parent/caregiver. Both the child and their parent(s)/caregiver(s) are Medi-Cal members. The dyad is provided a DBH screening by an FQHC billable provider immediately following the medical well-child appointment. At that visit, the parent/caregiver receives a full medical evaluation (visit) including a depression screening (with a negative result) using HCPCS code G8510, alcohol misuse screening using HCPCS code G0442, and 30 minutes of dyadic comprehensive community support services using U2015 by an FQHC billable provider who is clinically qualified and trained to provide dyadic services.

The FQHC should take the following steps when billing for dyadic services under this scenario:

Child

- Since the well-child medical visit qualifies for PPS reimbursement, the FQHC would submit a claim to the child's MCP, utilizing the child's Medi-Cal ID, which would be reimbursed at the MCP's contracted FQHC rate.

- Subject to the MCP billing instructions, on the same claim form, under the child's Medi-Cal ID, the FQHC would also include the DBH screening HCPCS code H1011 and modifier U1. The MCP would then reimburse the contracted FQHC in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another, non-FQHC provider type.
- If applicable, to complete the PPS "wrap" reimbursement process for the well-child visit, the FQHC would separately submit a claim to the Department's Fiscal Intermediary (FI) using the child's Medi-Cal ID and the standard billing code set (i.e., revenue code 0521 and the procedure code T1015 SE). The FQHC would also include the applicable dyadic service code(s) on the claim's informational line for accurate utilization tracking.

Parent(s)/Caregiver(s)

Scenario 1

- Since the parent's/caregiver's mental health visit qualifies for PPS reimbursement, the FQHC would submit a claim to the parent/caregiver's MCP, utilizing the parent's/caregiver's Medi-Cal ID, which would be reimbursed at the MCP's contracted FQHC rate.
- Subject to the MCP billing instructions, on the same claim form, under the parent's/caregiver's Medi-Cal ID, the FQHC would also include the following dyadic codes on the claim:
 - Depression screening (HCPCS code G8510) and modifiers U1 and HB
 - Alcohol screening (HCPCS code G0442) with modifiers U1 and HB
 - Dyadic community support services (HCPCS code H2015) with modifiers U1 and HB

The MCP would then reimburse the contracted FQHC in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another, non-FQHC provider type.

- If applicable, to complete the PPS "wrap" differential payment process for the parent's/caregiver's mental health visit, the FQHC would separately submit a claim to the DHCS' FI using the parent's/caregiver's ID and the standard billing code set (i.e., revenue code 0521 and procedure code T1015 SE). The FQHC would also include the applicable dyadic service code(s) on the claim's informational line for accurate utilization tracking.

Scenario 2: A parent/caregiver who is not enrolled in Medi-Cal comes to an FQHC with their child who is enrolled in Medi-Cal for a medical well-child visit. The dyad is provided a DBH screening from an FQHC billable provider. At the same visit, another FQHC billable provider clinically qualified and trained to provide dyadic services delivers 30 minutes of dyadic family training and counseling for child development using HCPCS code T1027 and a health behavior assessment using CPT code 96167 to the parent/caregiver while the child is present.

The FQHC should take the following steps when billing for dyadic services under this scenario:

Child

- Subject to the MCP billing instructions, on the same claim form, under the child's Medi-Cal ID, the FQHC would also include the DBH screening HCPCS code H1011 and modifier U1. The MCP would then reimburse the contracted FQHC in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another, non-FQHC provider type.
- If applicable, to complete the PPS "wrap" reimbursement process for the well-child visit, the FQHC would separately submit a claim to the DHCS' Fiscal Intermediary (FI) using the child's Medi-Cal ID and the standard billing code set (i.e., revenue code 0521 and the procedure code T1015 SE). The FQHC would also include the applicable dyadic service code(s) on the claim's informational line for accurate utilization tracking.

Parent(s)/Caregiver(s)

- When the parent/caregiver is not enrolled in Medi-Cal, all services for both the child and parent/caregiver must be billed under the child's Medi-Cal ID. Accordingly, services for both the child and the non-Medi-Cal parent/caregiver are submitted on one claim form.
- Accordingly, and subject to the MCP billing instructions, on the same claim form, under the child's Medi-Cal ID, the FQHC would include the following dyadic codes and modifiers:
 - Dyadic family training and counseling for child development is billed using HCPCS code T1027 (30 minutes; two units) with modifiers U1 and UK
 - Health Behavior Assessment is billed using CPT code 96156 with modifiers U1 and UK

The MCP would then reimburse the contracted FQHC in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another, non-FQHC provider type.

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.