

# Avoid Denials and Payment Delays: Billing Requirements for Dyadic Services

## ACCURATE BILLING REDUCES CLAIM DENIALS AND SUPPORTS TIMELY REIMBURSEMENT

Dyadic services support Medi-Cal members under age 21 by addressing the needs of the child together with a parent or caregiver. These services help identify and address developmental, behavioral health, and family needs early.

### Action required

When billing for dyadic services:

- Confirm services clearly benefit the child.
- Apply required modifiers (U1, HB, UK).
- Follow UB-04 billing requirements.
- Submit wrap-around claims when applicable.

Failure to follow these requirements may result in claim denials or payment delays.

### Why this matters

Dyadic services may include support provided to the caregiver. Claims must demonstrate that all services directly support the child.

To prevent denials:

- Link all services to the child's care.
- Use correct billing codes and modifiers.
- Submit claims according to Medi-Cal requirements.

### Where dyadic services are provided

- During or after well-child visits.
- At Federally Qualified Health Centers (FQHCs) and Regional Health Clinics (RHCs).
- Through Medi-Cal Managed Care and Fee-for-Service (FFS).

### Billing requirements

All items in this section must be completed to prevent claim delays or denials.

- Submit all claims on the UB-04 form.
- Include National Provider Identifiers (NPIs) and diagnosis indicators.
- Use informational lines for dyadic tracking when required.
- Use required modifiers:
  - U1 – Dyadic service
  - HB – Caregiver is a Medi-Cal member
  - UK – Caregiver is not a Medi-Cal member



(continued)

## Common HCPCS/CPT codes and corresponding services

- **H1011:** Dyadic behavioral health screening
- **T1027:** Family training and counseling (30-minute units)
- **H2015:** Community support/care coordination
- **G8510:** Depression screening (often caregiver)
- **G0422:** Alcohol misuse (caregiver)
- **96156/96167:** Health behavior assessment (caregiver present)

## Billing scenarios

Scenario	How to bill	Wrap around required?
Child + Caregiver have Medi-Cal	<ul style="list-style-type: none"> <li>• Bill Child and Caregiver separately</li> <li>• Child’s visit: H1011 U1, T1027 U1</li> <li>• Caregiver’s visit: G8510 U1 HB, G0442 U1 HB, H2015 U1 HB</li> </ul>	Yes – 0521/T1015 SE
Only Child has Medi-Cal	<ul style="list-style-type: none"> <li>• Bill all services under the Child</li> <li>• Submit one claim: H1011 U1, T1027 U1 UK, 96156 U1 UK</li> </ul>	Yes – 0521/T1015 SE
Child + Caregiver are FFS members	<ul style="list-style-type: none"> <li>• Bill PPS (Prospective Payment System) clinic visit: 0521/T1015</li> <li>• Bill Child and Caregiver separately</li> <li>• Bill dyadic services on the same claim (e.g., G8510, 99406) with U1 and HB</li> </ul>	No

## Quick billing checklist

- Before submitting your claim, confirm:
  - Services are clearly tied to the child’s care.
  - Correct modifiers are applied.
  - Billing scenario (Managed Care vs. FFS) is identified.
  - Wrap-around claim is submitted if required.

## Visit these additional resources

- Dyadic Services Billing Examples for FQHC and RHC Providers (March 2025), <https://bit.ly/DyadicBillingFQHCRHC>
- Health Net CalAIM Resources for Providers: Provider FAQs and Guidance. “Dyadic Services and Family Therapy,” <https://bit.ly/4fQTQQd>
- Dyadic Services Program Academy – Billing Training, <https://bit.ly/43C1Vkt>



### Need help? Contact us

If you have questions, contact the Health Net Medi-Cal Provider Services Center at 800-675-6110. Behavioral health providers can call 844-966-0298.