

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



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"> • Bill Child and Caregiver separately • Child’s visit: H1011 U1, T1027 U1 • Caregiver’s visit: G8510 U1 HB, G0442 U1 HB, H2015 U1 HB | Yes – 0521/T1015 SE |
| Only Child has Medi-Cal | <ul style="list-style-type: none"> • Bill all services under the Child • Submit one claim: H1011 U1, T1027 U1 UK, 96156 U1 UK | Yes – 0521/T1015 SE |
| Child + Caregiver are FFS members | <ul style="list-style-type: none"> • Bill PPS (Prospective Payment System) clinic visit: 0521/T1015 • Bill Child and Caregiver separately • Bill dyadic services on the same claim (e.g., G8510, 99406) with U1 and HB | 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.