

Financing and Sustainability of Dyadic Care – Key Considerations for Primary Care Clinics Serving Children

Wednesday, March 12th 12:00pm to 1:30pm



Introductions – CPCA Staff



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Financing and Sustainability of Dyadic Care

Key Considerations for Primary
Care Clinics Serving Children

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3/12/2025



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Advancing the Uptake of Dyadic Approaches to Care in Pediatrics

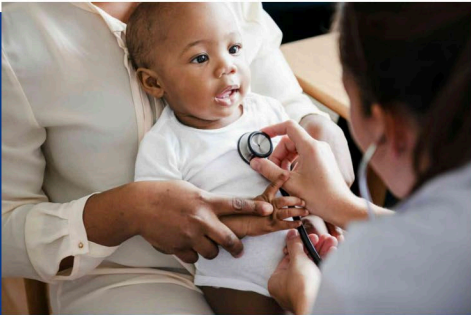


Center for Advancing
Dyadic Care in Pediatrics


[About](#) [Dyadic Care 101](#) [Our Work](#) [Contact](#) [Resources](#)

Because babies don't go to the doctor by themselves


With up to twelve routine visits in the first three years of life, pediatric primary care offers an unparalleled opportunity to promote child health by also supporting the health of caregivers through dyadic interventions. The UCSF Center for Advancing Dyadic Care in Pediatrics helps clinics take full and ongoing advantage of this opportunity.



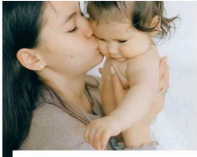
Why Dyadic Care and Why Now?




Babies don't go to the doctor by themselves. Family health is critical to child health and must be part of pediatric health care delivery.



→ The first three years of pediatric primary care uniquely offer 12 natural touchpoints to care for babies—and support families to do the same.



→ Dyadic care improves child health and the way we deliver healthcare. The impact of dyadic care is highest during a child's first three years of life.



→ Coverage Update: Medi-Cal now covers dyadic behavioral health promotion and prevention for children.

Our Vision

To make family-centered, dyadic behavioral health promotion and prevention a routine and sustainable standard of pediatric health care in early childhood.

Our Mission

To promote child and family well-being by working collaboratively with publicly insured pediatric primary care settings to develop sustainable early childhood integrated behavioral health services through technical assistance and training.

Dyadic Care Webinar Series by UCSF Center for Advancing Dyadic Care in Pediatrics

1. The What and Why of Dyadic Care

February 12, 2025

2. Financing and Sustainability of Dyadic Care

March 12, 2025

3. Setting Up the EMR + Quality and Data Reporting

April 2, 2025

4. Setting Your Practice Up for Success + Workflows and Implementation

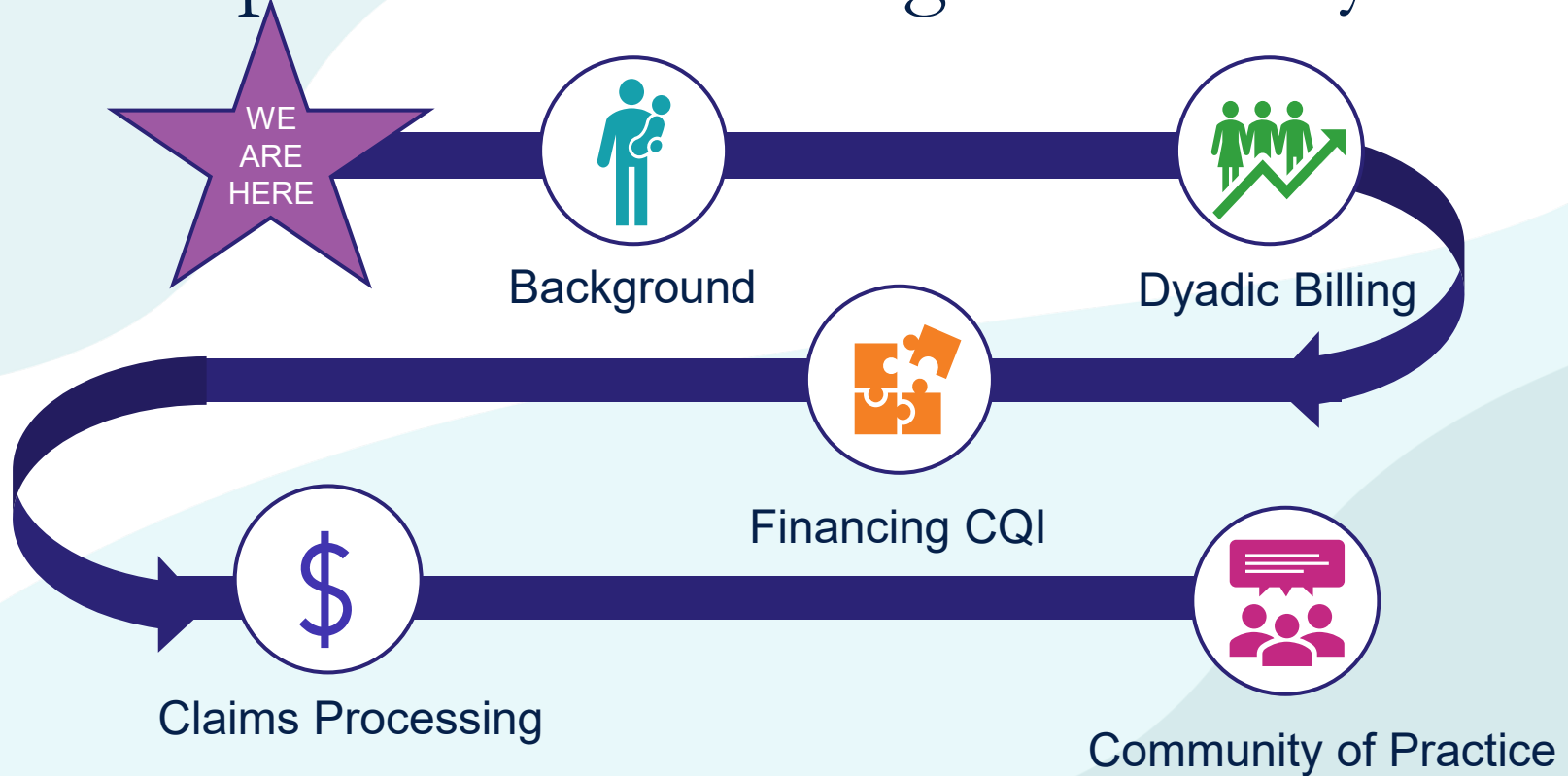
May 7, 2025



Objectives

- ✓ Identify the core dyadic services covered under the new dyadic benefit
- ✓ Describe three strategies that can be used for maximizing revenue and supporting sustainability
- ✓ Reflect on decision points and considerations regarding optimizing reimbursement of dyadic billing

Roadmap of Our Time Together Today



Disclaimer: This is not a billing training...

But we have one of those for you too!

Come check out more on the ACEs Aware Learning Center to hear from our team about billing for dyadic care



Educational Disclaimer

UCSF Center for Advancing Dyadic Care in Pediatrics

The following content was created strictly for educational and training purposes only and not for clinical, billing, or legal use. Please see the UCSF CADP general disclaimer for full details.

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This message was abbreviated for presentation purposes, for the full disclaimer see: [disclaimer.pdf](#) or scan the code >>

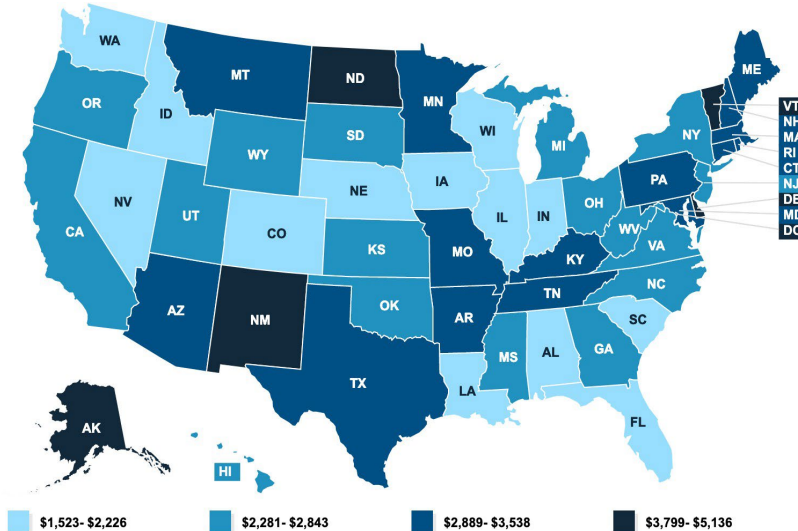


Background

Dramatic Underinvestment in Children

20%

of all children aged 3-17 in the United States struggle with mental, emotional, developmental, or behavioral disorders.



**California ranks 48th in the nation
in access to care for children**

More than half
of children with
mental illness
don't receive
help for their
disorders.

Why Primary Care?



“Primary care is one of the front doors to the mental health system. It’s the first place that most parents go when they have a concern about their child’s behavior or development.”

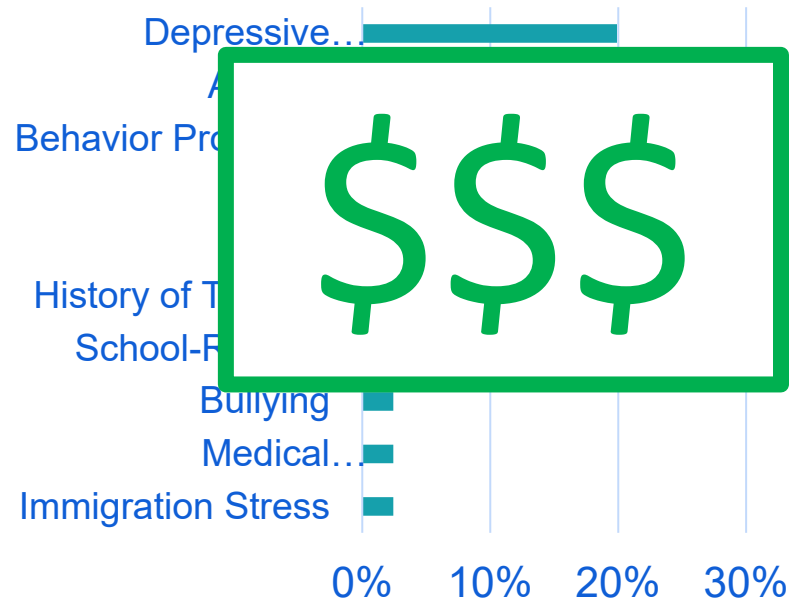
— Cody Hostutler, PhD

Misaligned Science and Payment Systems Created Gap in Continuum of Care for Prevention Services

≤5 years (n = 1,639; 51%)



≥6 years (n = 1,572; 49%)



REDEFINING MEDICAL NECESSITY: NEW MEDI-CAL BENEFITS PAY FOR PREVENTIVE

\$800M
Over 5 Years



A FAMILY WELLNESS CHECK: CALIFORNIA INVESTS IN TREATING PARENTS AND CHILDREN TOGETHER

ANALYSIS | BY **KAISER HEALTH NEWS** | JULY 08, 2021



California is poised to become the first state to pay for "dyadic care," treating parents and children simultaneously.

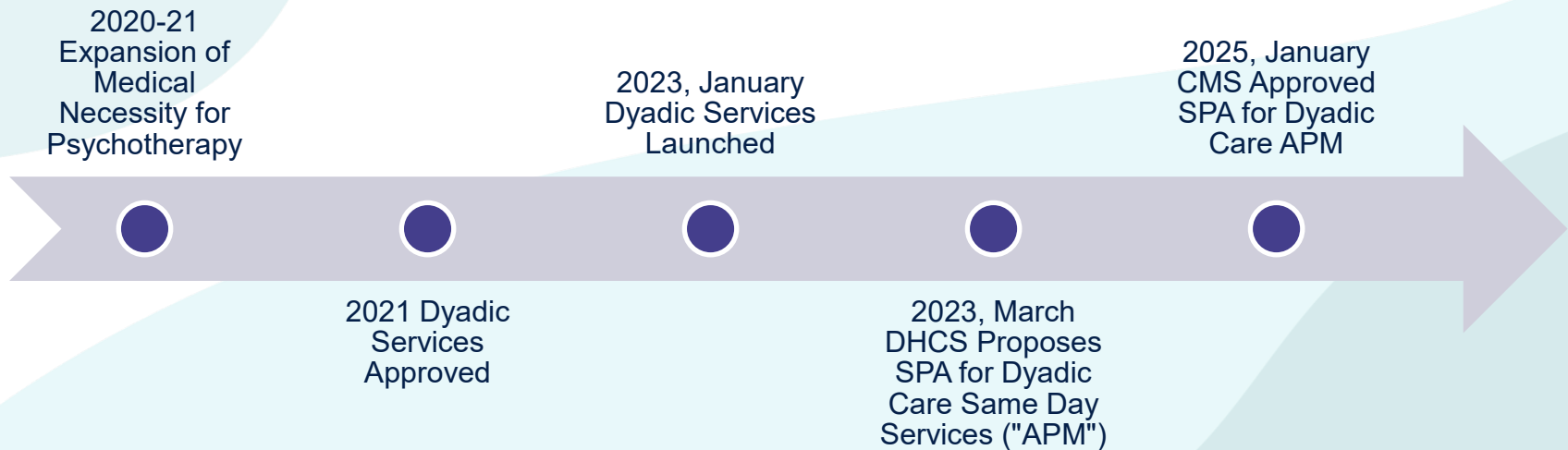
**C3 AI transforms
Healthcare.**

[Learn how](#)

KEY TAKEAWAYS

**THE REMOVAL OF DIAGNOSIS AS A PRE-REQUISITE FOR CARE
IN COUNTY MENTAL HEALTH PLANS AND MEDI-CAL MANAGED
CARE**

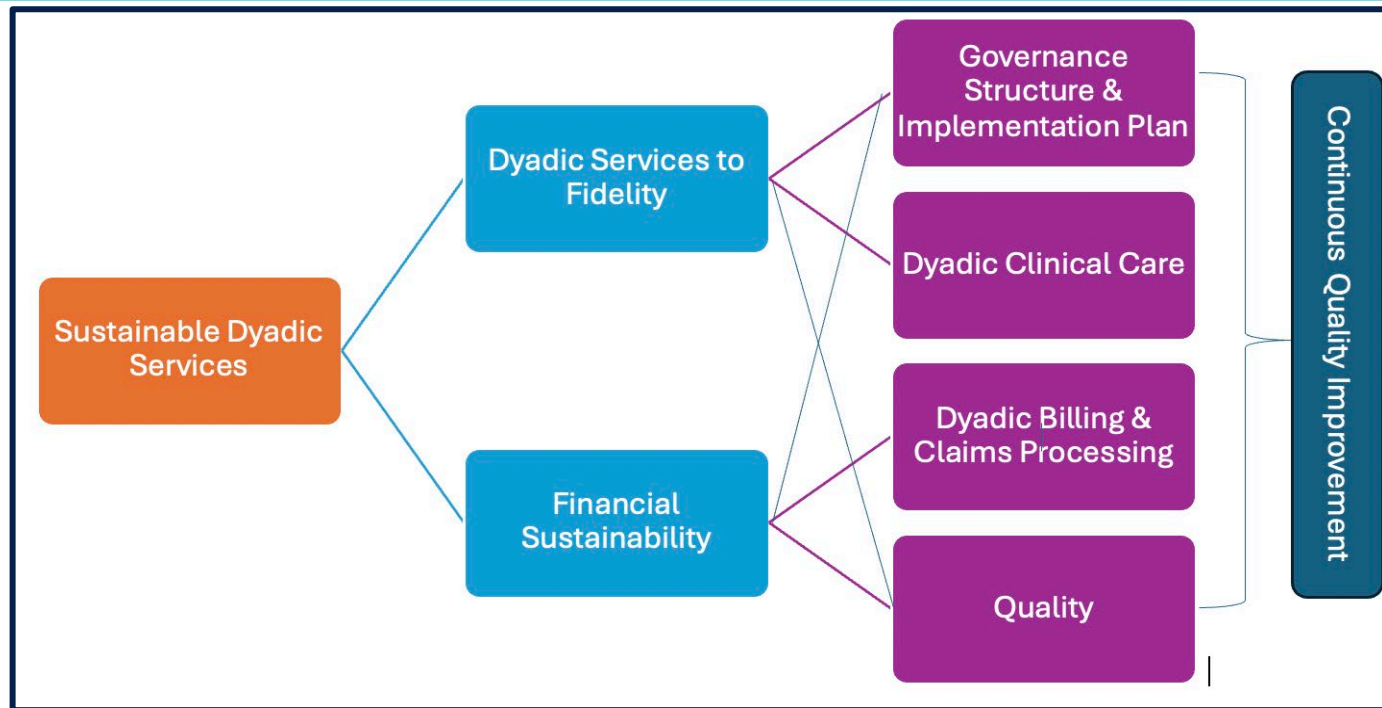
Brand New Non-Specialty Mental Health Medi-Cal Payment Options



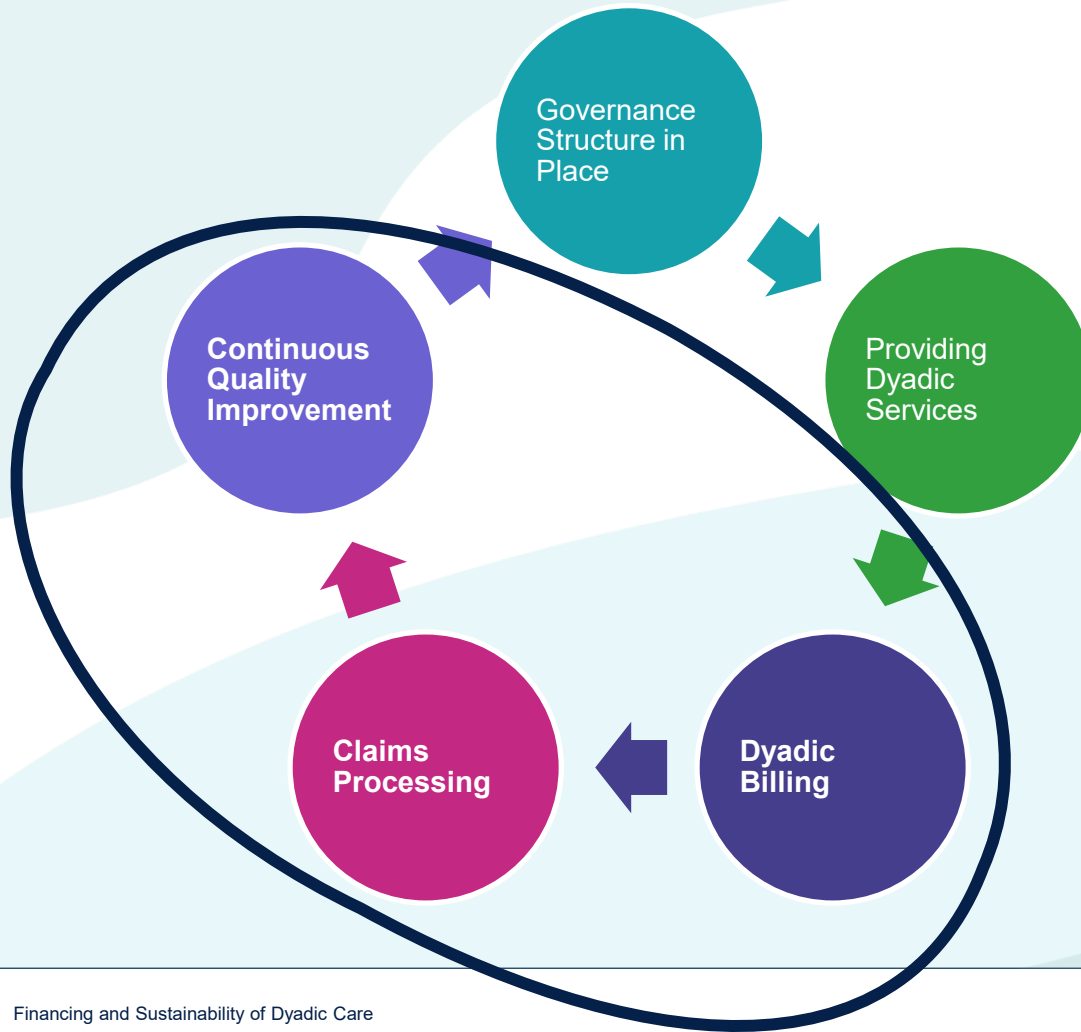
Components of Sustainable Dyadic Services

Common Financial Sustainability Barriers:

- Complicated reimbursement policy
- Compliance questions
- Provider-MCP Relationships



Core Components of Financing and Sustainability



Dyadic Billing: Provider Considerations

Eligible Providers

Non-Specialty Mental Health Services

- Primary Care Providers (PCPs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Psychologists
- Psychiatric Physician Assistants (PAs)
- Psychiatric Nurse Practitioners (NPs)
- Psychiatrists

Provider Eligibility

«NSMHS may be provided by a Primary Care Provider, Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), licensed psychologists, Psychiatric Physician Assistants (PAs), Psychiatric Nurse Practitioners (NPs), and psychiatrists as consistent with the practitioner's training and licensing requirements.

Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology associates may render psychotherapy services under a qualified supervising clinician identified by their licensing board.» The claim must list the associate or assistant's name in the *Additional Claim Information* field (Box 19) or in an attachment, along with the supervising clinician's National Provider Identifier (NPI) number as the "billing provider."

Services rendered by learning disability specialists are not Medi-Cal benefits. Psychological services are not covered under the County Medical Services Program (CMSP).

For information regarding which services are billable by each type of mental health practitioner, refer to the NSMHS Provider Table at the end of this section. This table does not apply to SMHS.

"as consistent with the practitioner's training and licensing requirements."

[Dyadic Services and Family Therapy Benefit. California Dept of Health Care Services; 2023. All Plan Letter 22-029.](#)

Eligible Provider Expansion via Supervision: SB966 AB2703



Supervising Clinician Billing Requirements for Psychological Services

Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology assistants may render the above related psychology services under a supervising clinician. The claim must list the associate or assistant's name in the *Additional Claim Information* field (Box 19) or on an attachment, along with the supervising clinician's National Provider Identifier number as the "billing provider."

- ✓ Associate Marriage and Family Therapists (AMFTs)
- ✓ Associate Clinical Social Workers (ACSWs)
- ✓ Associate Professional Clinical Counselors (APCCs)
- ✓ Psychologist Associates



- Work under a qualified licensed clinical supervisor
- Bill under an eligible billing provider with Supervising Clinician NPI
- List Associate Name

See Page 4 of the NSMHS Manual [Non-Specialty Mental Health Services: Psychiatric and Psychological Services \(non spec mental\)](#)

Eligible Providers

What about Community Health Workers and/or Substance Use Disorder Counselors?

- CHWs and SUDCs are not currently listed as eligible providers for billable dyadic services
- Non-clinical staff (CHWs and SUDCs included) can support with screeners and other non-clinical components of a DBH visit, as long as they are not billed separately

[Frequently Asked Questions \(FAQs\) for Medi-Cal Community Health Worker \(CHW\) Services for Federally Qualified Health Centers \(FQHCs\), Rural Health Clinics \(RHCs\), and Indian Health Services \(IHS\) Memorandum of Agreement \(MOA\) 638 Clinics](#)

Dyadic Billing by Primary Care Providers

NSMHS Manual Updated January 2025

Dyadic Caregiver Services

- "The following screening services may be billed by either the medical well-child provider or the DBH well-child visit provider, but not by both providers, when the dyad is seen on the same day by both providers: ACE screening (G9919, G9920) for the same child and/or caregiver, depression screening (G8431, G8510) for the same child and/or caregiver, drug and/or alcohol use screening (G0442, H0049) for the same child and/or caregiver."

Does the IBH provider or the pediatrician use the Dyadic CPT code?

Can a pediatrician bill both a WCC code and a Dyadic code (and get paid for both), if an IBH person is not available?

Provider Types for NSMHS Table (continued)

Billing Code	General Code Description	MD, NP, PA	LP	LCSW, LPCC, LMFT
H1011	Dyadic Behavioral Health (DBH) Well-Child Visit	Yes	Yes	Yes
H2015	Dyadic Comprehensive Community Support Services, per 15 minutes	Yes	Yes	Yes
H2027	Dyadic Psychoeducational Services, per 15 minutes	Yes	Yes	Yes
T1027	Dyadic Family Training and Counseling for Child Development, per 15 minutes	Yes	Yes	Yes

Dyadic Billing: Coding for Dyadic Services

Dyadic Billing Key Areas

Existing
Resources

Authorizations,
Referrals, +
Telehealth

Billing
FAQs

Payment +
Fee Schedule

Covered
Dyadic
Services

Available Billing Resources

Dyadic Services Benefit



Dyadic Services as a Medi-Cal Benefit

The Department of Health Care Services (DHCS) added dyadic services as a benefit under Medi-Cal (FFS) and through managed care plans (MCPs).

Dyadic services are a family and caregiver focused model of care intended to address the needs of parent(s)/caregiver(s) (known as a "dyad"). Dyadic services help improve access to care, coordination of care, child social-emotional health and safety, developmentally appropriate

- Behavioral health (DBH) visits
- Access to community supports services

development

their parent(s)/caregiver(s) are eligible for a social/emotional screening assessment and are 21 years old and their parent(s)/caregiver(s)



NSMHS Manual

Non-Specialty Mental Health Services: Psychiatric and Psychological Services

Page updated: November 2024

Mental health services are reimbursable for Medi-Cal eligible recipients when they are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.[†]

In addition, for recipients under 21 years of age, Medi-Cal covers all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services as specified in Section 1396p of Title 42 of the United States Code, including all Medicaid-covered health care services needed to correct or ameliorate mental illness and conditions. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are therefore covered as EPSDT services.

Services only to Non-Specialty Mental Health Services (SMHS) delivered by a provider. For information about SMHS, refer to [Behavioral Health Services: Billing](#) and [Psychological Services: Billing](#).



Sample Note Template

Sample Progress Notes Templates for Dyadic and Family Therapy Services Under the California DHCS Non-Specialty Mental Health Services Benefit

Date Prepared October 3, 2023

*Updated November 2024

Approved for distribution December 2024



Consistent with NSMHS provider manual updates.

Dyadic Care Payment Billing & Reimbursement

**Dyadic Codes Opening for Adult Caregiver
Billing in Certain Cases, with Appropriate
Modifiers.**

	Stand Alone Dyadic Visit (not on same day as another visit)	Same Day Dyadic Visit (same day as another visit)	Dyadic Visit During Another Appt for Pediatric Patient (e.g. pediatric well child visit)	Dyadic Visit During Another Appt for Pediatric Patient (e.g. pediatric well child visit)
Primary Patient for Service	Patient 0-20 OR Caregiver 21 or older with Medi-Cal	Patient 0-20	Caregiver 21 or older with Medi-Cal	Caregiver 21 or older without Medi-Cal
Reimburseme nt Type	PPS	FFS	PPS	FFS
Billed to Which Patient	Patient 0-20 OR Caregiver 21 or older with Medi-Cal New!	Pediatric Patient 0- 20	Caregiver 21 or older with Medi-Cal New!	Pediatric Patient 0-20
Example	H2027-U1 H2015-U1	H1011-U1 H2015-U1	96127-U1 (brief emotional/behavioral assessment	96127-U1 (brief emotional/behavioral assessment

Dyadic Care Payment Billing & Reimbursement

**Watch for updated
modifiers for Dyadic
Caregiver Services in
DHCS NSMHS manual
– coming soon**

	Stand Alone Dyadic Visit (not on same day as another visit)	Same Day Dyadic Visit (Same day as another visit)	Dyadic Another Patient child v	er
Primary Patient for Service	Patient 0-20 OR Caregiver 21 or older with Medi-Cal	Patient 0-20	Caregiver Medi-Cal	ut
Reimbursement Type	PPS	FFS	PPS	FFS
Billed to Which Patient	Patient 0-20 OR Caregiver 21 or older with Medi-Cal	Pediatric Patient 0- 20	Caregiver 21 or older with Medi-Cal	Pediatric Patient 0-20
Example	H2027-U1 H2015-U1	H1011-U1 H2015-U1	96127-U1 (brief emotional/behavioral assessment	96127-U1 (brief emotional/behavioral assessment

Fee Schedule

Updated with 2024 Targeted Rate Increase



Procedure Code	Description	Category	Target Provider Rate (1/1/24)
H1011	Family assessment	Non-Specialty Mental Health	\$116.39
H2015	Comp comm supp svc, 15 min	Non-Specialty Mental Health	\$20.11
H2027	Psychoed svc, per 15 min	Non-Specialty Mental Health	\$20.11
T1027	Family training & counseling	Non-Specialty Mental Health	\$20.11

Authorization, Referral, Telehealth

- Prior authorization not required
- Self-Referral OK
- Telehealth is covered for dyadic services in alignment with other NSMHS benefits

Page updated: December 2021

Authorization

A *Treatment Authorization Request* (TAR) is not required for NSMHS unless specified age restrictions or frequency limits are exceeded. Psychological services are covered services when ordered by a primary care physician.

Referral

Recipients may self-refer for any form of psychotherapy (CPT® codes 90832 thru 90853) delivered in an outpatient setting.

Place of Service

For information regarding place of service for NSMHS, refer to the NSMHS Place of Service Table later in this section. This table does not cover psychiatric hospitalizations or SMHS provided via county MHPs. For information about SMHS, refer to [Behavioral Health Information Notices](#).

When using Place of Service code “99” (other), indicate the full name and address of the testing location in the *Additional Claim Information* field (Box 19) or on an attachment and leave the *Service Facility Location Information* field (Box 32) blank.

Telehealth

NSMHS may be delivered via telehealth when Medi-Cal requirements are met. For more information, refer to the *Medicine: Telehealth* section of this manual.

Maintenance of Records

Providers of NSMHS must retain a record of the type and extent of each service rendered as well as the date and time allotted for appointments and the time actually spent with patients (*California Code of Regulations* [CCR], Title 22, Section 51476[a] and 51476[f]).

Covered Dyadic Service Codes

Non-Specialty Mental Health Services Manual

>>>>>>



CPT Code + Modifier	Dyadic and Family Service Descriptor	Time
H1011 mod U1	DYADIC BEHAVIORAL HEALTH WELL CHILD VISIT	-
H2015 mod U1	DYADIC COMPREHENSIVE COMMUNITY SUPPORTS	Per 15 min
H2027 mod U1	DYADIC PSYCHOEDUCATIONAL SERVICES	Per 15 min
T1027 mod U1	DYADIC FAMILY TRAINING & COUNSELING FOR CHILD DEVELOPMENT	Per 15 min
See Manual for Full List of Codes	DYADIC CAREGIVER SERVICES	-
96127 mod U1 G8431/G8510 mod U1	Brief Emotional/Behavioral Assessment Depression Screening	

Dyadic Billing FAQs

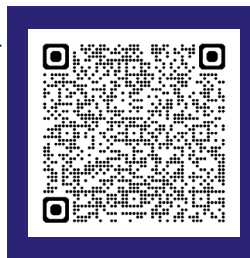
Covered Dyadic Service

Non-Specialty Mental Health Services

CPT Code + Modifier	Dyadic and Family Service Description	Duration
H1011 mod U1	DYADIC BEHAVIORAL HEALTH VISIT	Per 15 min
H2015 mod U1	DYADIC COMPREHENSIVE COMPREHENSIVE COMPREHENSIVE COMPREHENSIVE	Per 15 min
H2027 mod U1	DYADIC PSYCHOEDUCATIONAL SERVICES	Per 15 min
T1027 mod U1	DYADIC FAMILY TRAINING & COUNSELING FOR CHILD DEVELOPMENT	Per 15 min
See Manual for Full List of Codes	DYADIC CAREGIVER SERVICES	-
96127 mod U1	Brief Emotional/Behavioral Assessment	
G8431/G8510 mod U1	Depression Screening	

"How would you distinguish between a dyadic visit and family therapy services?"

Family Therapy Benefit for Prevention and Expansion to Dyadic Benefit



- California Medicaid published a new pediatric benefit that opens Z codes and redefines Medical Necessity criteria.



- There is no cap on the number of family therapy visits billed with ICD-10 code Z65.9 in place of a mental health diagnosis ICD-10 code
- For children with persistent symptoms but *without a mental health diagnosis*
- Benefit still only accessible by credentialed providers (license eligible)

Both benefits redefine medical necessity by using Z-codes as primary diagnoses to pay for services that target the child's environmental context

Brief Billable
Visits

Pays for Primary
Prevention/Health
Promotion

Expanded Time
Requirements

Service Options
Beyond
Traditional
Therapy

Dyadic Behavioral Health Well Child Visit

Documentation needs to include the following necessary components >>>

Behavioral Health
History of Dyad

Developmental
History of Child

Ob
Dya

"How is it possible to do all
of this in the course of a
well child visit?"

Screening for
Family Needs

Screening for
SDOH

Anticipatory
Guidance on BH

Care Coordination
Related to
Essential
Referrals

SOURCE: Non-Specialty Mental Health Services: Psychiatric and Psychological Services (non specmental)

Best Practice Considerations

Refer to Pediatric Well Child Visit Standards for Screening & Documentation

Initial	Annual	Follow Up
<p>Visit Type: <u>Initial Visit</u></p> <p>Temperament: {Active, Flexible, Slow to warm, not observed}</p> <p>Interests: {Not applicable, Not assessed, or ***}</p> <p>Abilities: {On target, Delayed ***, in need of further monitoring, not assessed}</p> <p>Significant relationship history:</p> <ul style="list-style-type: none"> - Primary caregiver(s): {Insert who is child's primary caregiver} - Who lives with the child: {Insert who lives with child} - Additional details (e.g., parent interpersonal history): {***, none, or not assessed} <p>Caregiver Behavioral Health History:</p> <ul style="list-style-type: none"> - Known Behavioral Health Services: {None reported, caregiver currently receiving services, caregiver interested in seeking services, caregiver previously engaged in services declined further services, or not assessed} - Known Developmental/Behavioral Health Referrals: {Insert referrals that have been made/are pending for the patient/family} 	<p>Visit Type: <u>Annual Visit</u></p> <p>Temperament: {Active, Flexible, Slow to warm, not observed}</p> <p>Interests: {Not applicable, Not assessed, or ***}</p> <p>Abilities: {On target, Delayed ***, in need of further monitoring, not assessed}</p> <p>Significant relationship history:</p> <ul style="list-style-type: none"> - Who lives with the child: {Insert who lives with child} - Additional details (e.g., parent interpersonal history): {***, none, or not assessed} <p>Behavioral health history:</p> <ul style="list-style-type: none"> - Known Developmental/Behavioral Health Services: {Insert resources where the patient/family is current connected} - Known Developmental/Behavioral Health Referrals: {Insert referrals that have been made/are pending for the patient/family} <p>Caregiver Behavioral Health History:</p> <ul style="list-style-type: none"> - Known Behavioral Health Services: {None reported, caregiver currently receiving services, caregiver interested in seeking services, caregiver previously engaged in services declined further services, or not assessed} - Known Developmental/Behavioral Health Referrals: {Insert referrals that have been made/are pending for the patient/family} 	<p>Visit Type: <u>Follow Up</u></p> <p>Has had a previous HealthySteps visit within the last 12 months: {YES-NO}</p> <p>Changes since last HealthySteps visit: ***</p>

- Initial Visit
- Annual Visit
- Follow Up Visit

"Can multiple services be billed at one visit?"


"Are there minimum time limits for dyadic services?"

EMR: Units of Dyadic Services

Understanding requirements for timed codes H2015, H2027, & T1027

C. Counting Minutes for Timed Codes in 15 Minute Units

When only one service is provided in a day, providers should not bill for services performed for less than 8 minutes. For any single timed CPT code in the same day measured in 15 minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

Description	Code	Dx	Service Date	Service
☆ Dyadic Comprehensive Community Support Services (per 15 minutes)	H2015		10/31/2024	Kathryn
Modifiers: U1	Quantity: 1	Status: New		

Units	Number of Minutes
1 unit:	≥ 8 minutes through 22 minutes
2 units:	≥ 23 minutes through 37 minutes
3 units:	≥ 38 minutes through 52 minutes
4 units:	≥ 53 minutes through 67 minutes
5 units:	≥ 68 minutes through 82 minutes
6 units:	≥ 83 minutes through 97 minutes
7 units:	≥ 98 minutes through 112 minutes
8 units:	≥ 113 minutes through 127 minutes

[SOURCE: r2121cp.pdf\(cms.gov\)](#)

When Using Multiple Dyadic Services



2 month Well Child Visit

H1011 Modifier U1

G8431 Modifier U1

H2015 Modifier U1 – 1 unit

25 minutes DBH WCV

9 mins Community Supports

- DBH Well Child Visit focusing on child/caregiver observations, developmental assessment and psychoeducation, child development coaching
- Caregiver depression screening and review
- Care coordination to generate community resources for caregiver to reduce sense of isolation and engage in group-based parenting supports

EMR : Capturing Multiple Service Codes

One Encounter with Three Stand-Alone Progress Notes (One Per Service Code)

Dyadic Behavioral Health Well Child

Visit H1011-U1

ICD-10 Z13.39

25 minutes (no units reported)

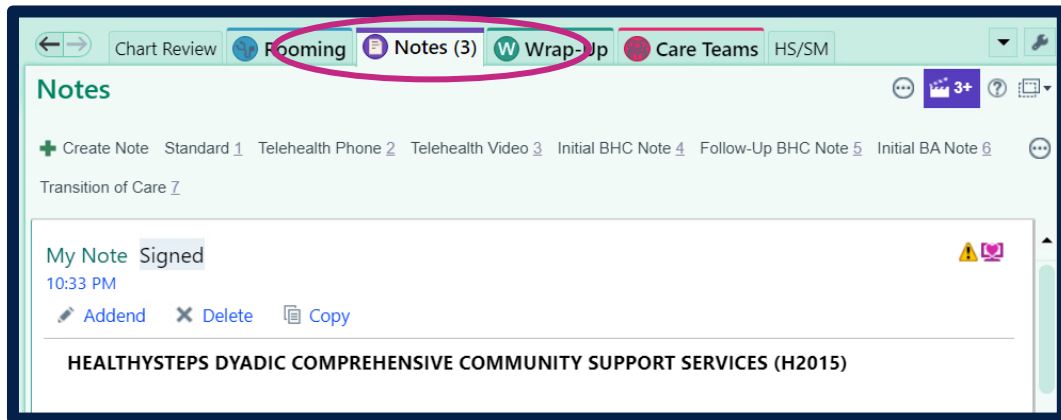
Dyadic Caregiver Services - Caregiver Depression Screening G8431-U1

ICD-10 Z65.9

Dyadic Community Supports H2015- U1

ICD-10 Z71.89

9 minutes = 1 unit



How to Bill for Multiple Units of Dyadic Services

The screenshot displays a medical billing software interface with two overlapping windows. The top window is titled 'Wrap-Up' and shows a list of services on the left and a table of accepted charges on the right. The bottom window is also titled 'Wrap-Up' and shows a similar interface. A pink oval highlights the 'Quantity' column in the 'Accepted Charges' table, with a pink arrow pointing to the value '1'.

Wrap-Up Window (Top):

- Navigation: Chart Review, Rooming, Notes, Wrap-Up, Care Teams, HS/SM
- Buttons: References, Preview AVS, Print AVS, Pt Declined AVS
- Charge Capture: Review
- Services: Asthma Clinic, EDC, Primary Care, Urgent Care, Healthy Steps, Common PCBH Codes for Patients Ages 0-20
- Accepted Charges Table:

Description	Code	Dx	Service Date	Service Provider	Modifiers	Quantity
PR COMP COMM SUPP SVC, 15 MIN	H2015		3/7/2025	Kathryn Hallinan	U1	1

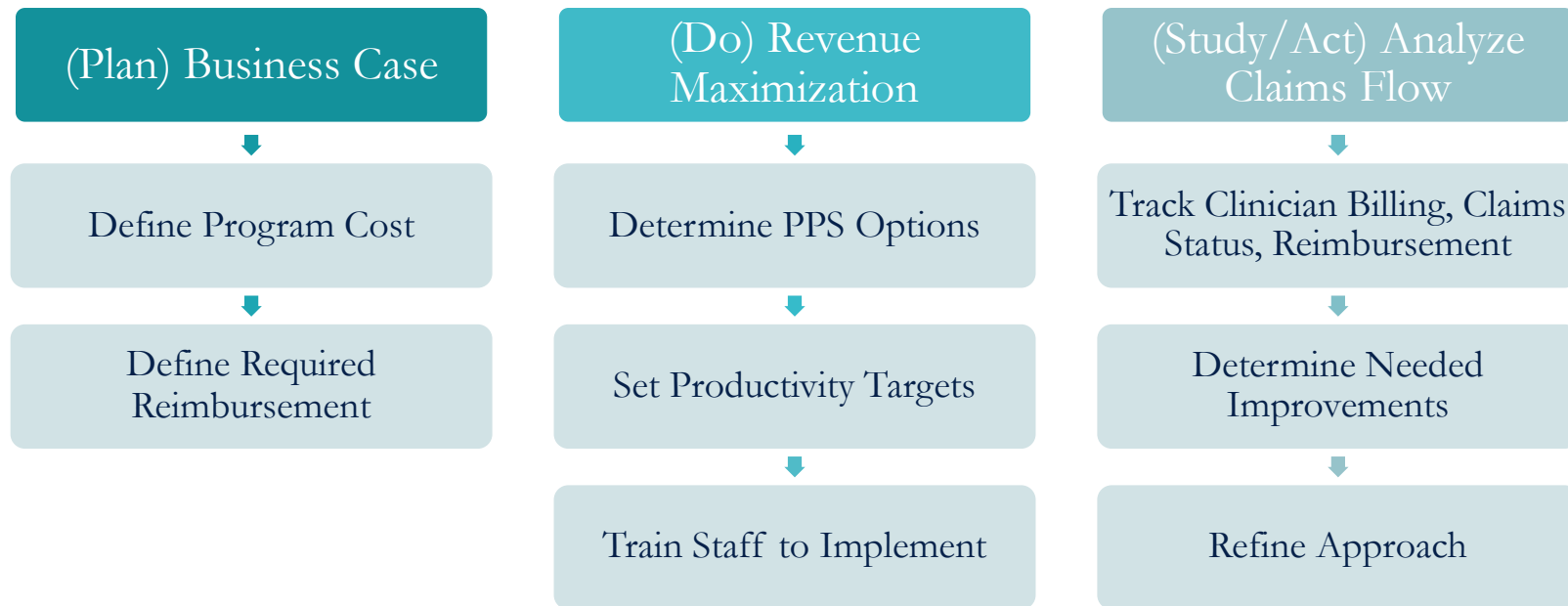
Wrap-Up Window (Bottom):

- Navigation: Chart Review, Rooming, Notes, Wrap-Up, Care Teams, HS/SM
- Buttons: References, Preview AVS, Print AVS, Pt Declined AVS
- Charge Capture: Review, Follow-up, Patient Instructions, Communications
- Services: ECM, Zero Charge, DPH AMB PC SUPPLIES
- Accepted Charges Table:

Description	Code	Dx	Service Date	Service Provider	Modifiers	Quantity
PR COMP COMM SUPP SVC, 15 MIN	H2015		3/7/2025	Kathryn Hallinan	U1	1

Financing Infrastructure & Continuous Quality Improvement

PDSA for Financial Sustainability



Business Case Example

Define Program Cost & Required Reimbursement

Cost Type	Examples	YEAR 1 Potential Cost from Example	YEAR 2 Potential Cost from Example
Dyadic Behavioral Health Clinician	100% ASW or AMFT @ 28 visits/week	\$130,000 (salary + benefits)	\$130,000

Business Case Example

Define Program Cost & Required Reimbursement

Cost Type	Examples	YEAR 1 Potential Cost from Example	YEAR 2 Potential Cost from Example
Dyadic Behavioral Health Clinician	100% ASW or AMFT @ 28 visits/week	\$130,000 (salary + benefits)	\$130,000
Supervision of DBH Clinician	10% LCSW or LMFT	\$18,000 (salary + benefits for 10% of personnel listed)	\$18,000

Business Case Example

Define Program Cost & Required Reimbursement

Cost Type	Examples	YEAR 1 Potential Cost from Example	YEAR 2 Potential Cost from Example
Dyadic Behavioral Health Clinician	100% ASW or AMFT @ 28 visits/week	\$130,000 (salary + benefits)	\$130,000
Supervision of DBH Clinician	10% LCSW or LMFT	\$18,000 (salary + benefits for 10% of personnel listed)	\$18,000
Initial & Ongoing Administrative & Management Costs	5% of Initiative Leadership: Medical Director, Provider Champion, Nurse Manager, IT/IS Manager	\$50,000 (salary + benefits for 5% of personnel listed)	\$0 (Folded into operational budget)

Business Case Example

Define Program Cost & Required Reimbursement

Sample 3 Year Program
Cost = \$644,000

Cost Type	Examples	YEAR 1 Potential Cost from Example	YEAR 2 Potential Cost from Example
Dyadic Behavioral Health Clinician	100% ASW or AMFT @ 28 visits/week	\$130,000 (salary + benefits)	\$130,000
Supervision of DBH Clinician	10% LCSW or LMFT	\$18,000 (salary + benefits for 10% of personnel listed)	\$18,000
Initial & Ongoing Administrative & Management Costs	5% of Initiative Leadership: Medical Director, Provider Champion, Nurse Manager, IT/IS Manager	\$50,000 (salary + benefits for 5% of personnel listed)	\$0 (Folded into operational budget)
Initial Infrastructure	EMR modification, Staff Training	\$50,000	\$0
		\$348,000	\$148,000

Dyadic Behavioral Health Staff Considerations

Productivity Assumptions for Full Time Dyadic BH Clinician

Productivity Assumptions

	Total Available	Billable Time Per FTE
Weeks Worked Per Year	52	46
Hours per Day for 1 FTE	8	5.25
Hours per Week	40	21
Hours Per Year	2,080	966
Minutes Per Year for 1 FTE	124,800	57,960

Billing Productivity Rate

46.44%

Arnquist, S. A., Margolis, K. L., & Perez, S. (2025). Scaling Dyadic Care Models: Financial considerations for implementing early childhood integrated care.

Dyadic Behavioral Health Staff Considerations

Productivity Assumptions for Full Time Dyadic BH Clinician

Avg minutes per dyadic care visit (includes more than just the face to face time. Also includes documentation and team-based communication.)	45
Max number of visits per clinician at the billing productivity rate from cell D11	
Visits per week based on # of billable hours per week (Cell D8) and the avg length of the visit (cell C13).	28
Visits Per year Per FTE Clinician	1,288

Arnquist, S. A., Margolis, K. L., & Perez, S. (2025). Scaling Dyadic Care Models: Financial considerations for implementing early childhood integrated care.

Reimbursement Options for Dyadic Care

What type of provider site are you (pediatric only or all ages)?

Prospective Payment System (PPS) Options

- Same Day Dyadic Caregiver Visit Billed to Adult Caregiver with Medi-Cal
- Non-Same Day Dyadic Visit Billed to Child
- Non-Same Day Dyadic Caregiver Visit Billed to Adult Caregiver

Fee for Service (FFS) Options

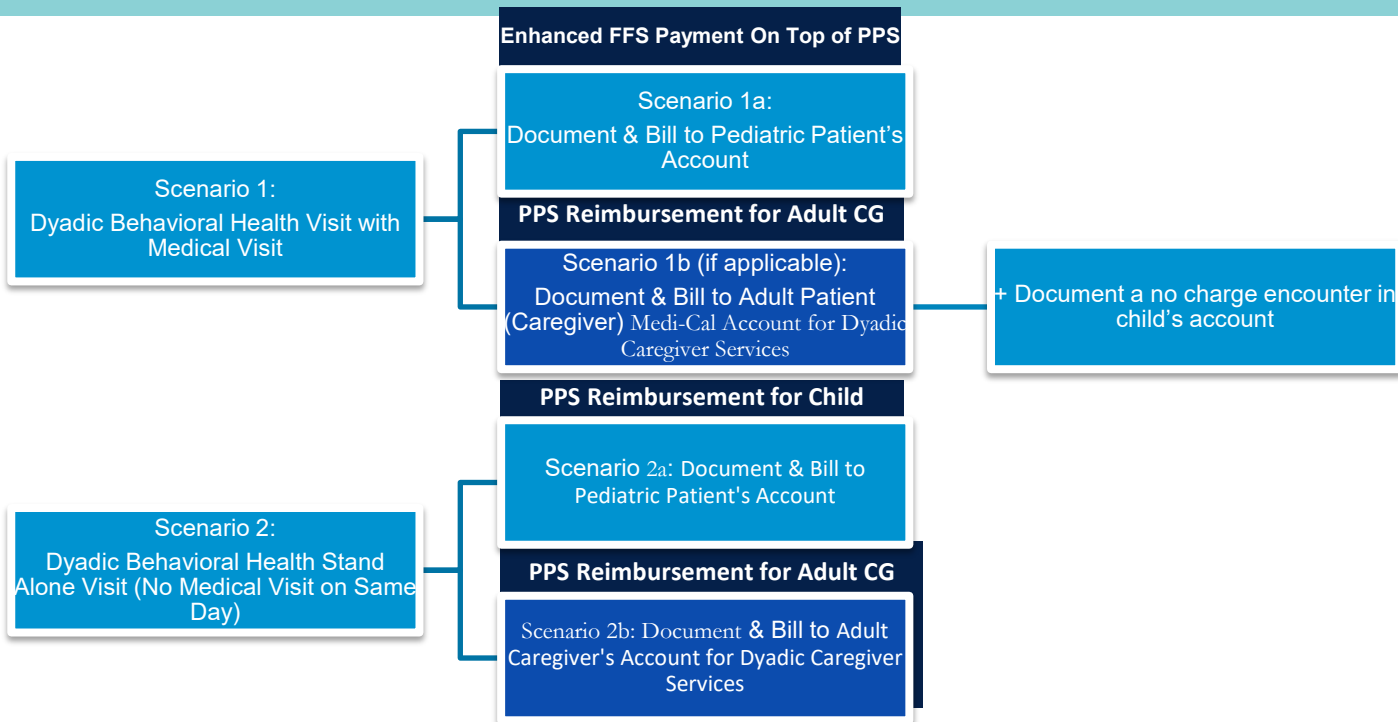
- Same Day Dyadic Visit Billed to Child
- Same Day Dyadic Caregiver Visit for Non-Medi-Cal Adult Caregiver Billed to Child

Other Revenue

- Additional Screenings (ACEs, Developmental, etc)
- Cost Savings or Reimbursement Increase for Medical Visits Billed to Child

FQHC Revenue Maximization Options

Dyadic Services with 3 Reimbursement Scenarios



When Using Multiple Dyadic Services



2 month Well Child Visit

H1011 Modifier U1

G8431 Modifier U1

H2015 Modifier U1 – 1 unit

25 minutes DBH WCV

9 mins Community Supports

- DBH Well Child Visit focusing on child/caregiver observations, developmental assessment and psychoeducation, child development coaching
- Caregiver depression screening and review
- Care coordination to generate community resources for caregiver to reduce sense of isolation and engage in group-based parenting supports

Do

FQHC Revenue Maximization Options

Dyadic Services without Same Day Exclusion

Watch for updated modifiers for Dyadic Caregiver Services in DHCS NSMHS manual – coming soon.

Service Example:

H1011-U1
G8431-U1
H2015-U1

Scenario 2: Dyadic Behavioral Health Stand Alone Visit (No Medical Visit on Same Day)

PPS Reimbursement for Child

Document & Bill to Pediatric Patient's Account (H1011-U1, G8431-U1, H2015-U1)

\$250

PPS Reimbursement for Adult CG

Document & Bill to Adult Caregiver Patient's Account for Dyadic Caregiver Service (H2015-U1, G8431-U1)

\$250

No charge documentation to Pediatric Record

PPS for Child + PPS for Adult

Document & Bill 1) to Pediatric Patient's Account (H1011-U1) and 2) Adult Caregiver Patient's Medi-Cal Account for Dyadic Caregiver Service (G8431-U1, H2015-U1)

\$500

FQHC Revenue Maximization Options

Dyadic Services WITH Same Day Exclusion

Watch for updated modifiers for Dyadic Caregiver Services in DHCS NSMHS manual – forthcoming.

Service Example:
H1011-U1 (\$116.39)
G8431-U1 (\$37.25)
H2015-U1 (\$20.11)

Scenario 2: Dyadic Behavioral Health Stand Alone Visit (No Medical Visit on Same Day)

FFS Reimbursement for Child

Document & Bill to Pediatric Patient's Account (H1011-U1, G8431-U1, H2015-U1)

\$173.75

PPS Reimbursement for Adult CG

Document & Bill to Adult Caregiver Patient's Account for Dyadic Caregiver Service (H2015-U1, G8431-U1)

\$250

No charge documentation to Pediatric Record

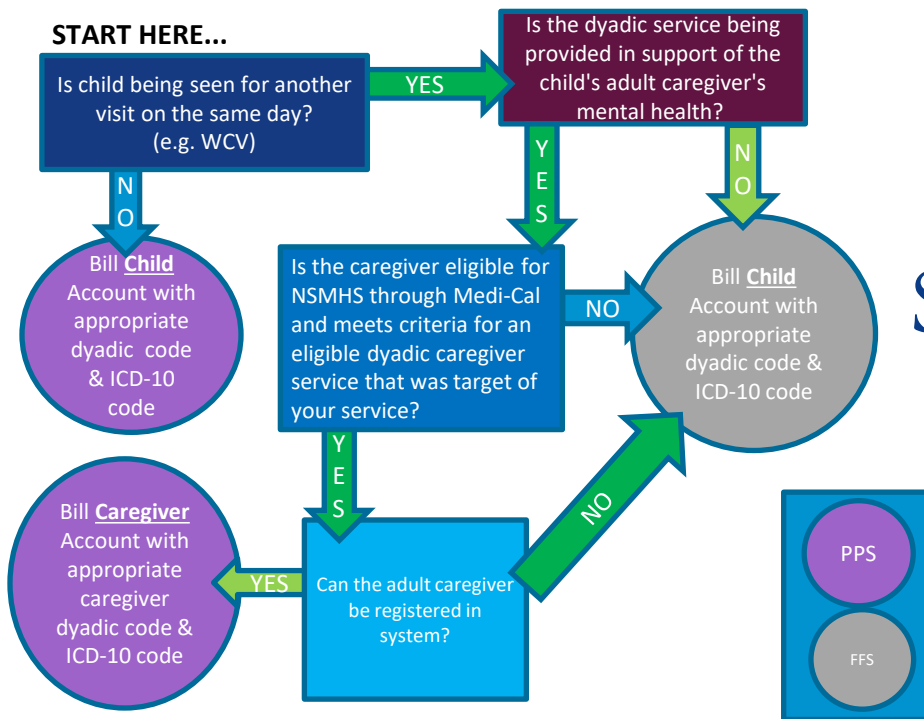
FFS for Child + PPS for Adult

Document & Bill 1) to Pediatric Patient's Account (H1011-U1) and 2) Adult Caregiver Patient's Medi-Cal Account for Dyadic Caregiver Service (G8431-U1, H2015-U1)

\$423.75

+\$250 for Medical Well Child Visit (Scenario a, b, c)

Do



Dyadic Billing Decision Tree to Guide Revenue Maximization for Same Day Services

NOTE: This simple diagram does not take into account providing & billing multiple services at once or the option to bill both child and adult caregiver's account for services rendered.

Sample Schedule for Covering 100% LCSW's Cost

1.0 FTE LCSW (Dyadic BH Provider) – 60% Embedded in Clinic, 20% Admin, 20% Stand Alone Visits

	Mon	Tues	Weds	Thurs	Fri
AM	Embedded (Goal = 3 DBH WC visits)	Embedded (Goal = 3 DBH WC visits)	Stand Alone Visits (Goal = 5 DBH WC, FT, or other visits)	Embedded (Goal = 3 DBH WC visits)	Admin
\$\$	(\$116.39 x6) = \$698.34	\$349.17	(\$250x5) + \$349.17 = \$1,599.17	\$349.17	(\$250.x5) = \$1,250
PM	Embedded (Goal = 3 DBH WC visits)	Admin	Embedded (Goal = 3 DBH WC visits)	Embedded (Goal = 3 DBH WC visits)	Stand Alone Visits (Goal = 5 DBH WC FT, or other visits)

Assumptions:

- LCSW weekly cost = \$3,134
- DBH WCV FFS Rate = \$116.39/visit
- PPS rate = \$250/visit
- 18 minimum medical well child visits per week that can also include DBH WCV (H1011)
- **Not included:** Additional revenue from Family Training, Psychoeducation, Community Supports & Dy

Weekly Financials:

Projected Reimbursement:

- FFS: \$1,745.85 (Scenario 1a)
- Child PPS: \$2,500 (Scenario 2)
- Sum Total: **\$4,245.85**

Projected Cost:

- Bay Area County LCSW: **\$3,134/Week**

Project Net Revenue:

- **\$1,111.85**

Do

Sample Schedule for Covering 100% LCSW's Cost

1.0 FTE LCSW (Dyadic BH Provider) – 60% Embedded in Clinic, 20% Admin, 20% Stand Alone Visits

Add PPS Billing for 1 Eligible Adult Dyadic Caregiver Service

		Tues	Weds	Thurs	Fri
	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Stand Alone Visits (Goal = 5 DBH WC, FT, or other visits)	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Admin
\$\$	$(\$116.39 \times 6) = \698.34 + $(\$250 \times 2) = \$1,198.34$	$\$349.17$ + $\$250 = \599.17	$(\$250 \times 5) + \$349.17 = \$1,599.17$ + $\$250 = \$1,849.17$	$\$349.17$ + $(\$250 \times 2) = \849.17	$(\$250 \times 5) = \$1,250$
PM	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Admin	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Stand Alone Visits (Goal = 5 DBH WC FT, or other visits)

Assumptions:

- LCSW weekly cost = \$3,134
- DBH WCV FFS Rate = \$116.39/visit
- PPS rate = \$250/visit
- 18 minimum medical well child visits per week that can also include DBH WCV (H1011)
- **Not included:** Additional revenue from Family Training, Psychoeducation, Community Supports & Dyadic Caregiver Services

Weekly Financials:

Projected Reimbursement:

- FFS: \$1,745.85 (Scenario 1a)
- Child PPS: \$2,500 (Scenario 2)
- Adult PPS: \$1,500
- Sum Total: **\$5,745.85**

Projected Cost:

- Bay Area County LCSW: **\$3,134/Week**

Project Net Revenue:

- **\$2,611.85**

Business Case Example

Define Program Cost & Required Reimbursement

3 Year Cost = \$644,000
\$5,745.85 Reimbursement/Week

Cost Type	Examples	YEAR 1 Potential Cost from Example	YEAR 2 Potential Cost from Example
Dyadic Behavioral Health Clinician	100% ASW or AMFT @ 28 visits/week	\$130,000 (salary + benefits)	\$130,000
Supervision of DBH Clinician	10% LCSW or LMFT	\$18,000 (salary + benefits for 10% of personnel listed)	\$18,000
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Initial Infrastructure	EMR modification, Staff Training	\$50,000	\$0
		\$348,000	\$148,000

Sample Annual Revenue Projection for FQHC

Assumes \$250 PPS Rate

2 Year Cost = \$496,000
2 Year Reimbursement = \$453,922.24

	Months 1-3 (12 weeks)	Months 4-6 (12 weeks)	Months 7-12 (24 weeks)	Year 2
	25% Billing Capacity	50% Billing Capacity	75% Billing Capacity	100% Billing Capacity
Reimbursement – Weekly	\$1,436.46	\$2,872.93	\$4,309.39	\$5,745.85
Program - Weekly	-\$6,692.31	-\$6,692.31	-\$6,692.31	\$2,846.15
Weekly Net Revenue	-\$5,255.85	-\$3,819.38	-\$2,382.92	\$2,899.70
Quarterly or Semi-Annual Net Revenue	-\$63,070.20	-\$45,832.56	-\$57,190.08	\$150,784.20 (annual)
Annual Net Revenue			-\$166,092.84	\$150,784.20

Sample Revenue Projection for FQHC Over 3 Years

Assumes \$250 PPS Rate

	Program Cost	Reimbursement	Profit/Loss
Y1	\$348,000	\$155,138.04	-\$192,861.96
Y2	\$148,000	\$298,784.20	\$150,784.20
Y2	\$148,000	\$298,784.20	\$150,784.20
Y1-Y3	\$644,000	\$752,706.44	\$108,706.44

Understanding the Bottom Line

Cost/Reimbursement Analyses → Productivity Targets

- 18 Total Same Day Visits, Consisting of:
 - 18 H1011-U1 billed to pediatric record (FFS) +
 - 6 Dyadic caregiver services (e.g. H2015-U1) billed to adult (PPS)
- 10 Non-Same Day Visits
 - Billed to pediatric record (PPS revenue)
- Key Finance Questions
 - ✓ Target Visit #'s
 - ✓ Billing Accuracy
 - ✓ Claims Processing
 - ✓ Expected Reimbursement
- Determine Needed Improvements & Refine as Needed

Contracts, Credentialing & Claims

Act

Billing for Dyadic

☒ Registered
Medi-cal
Primary Care
Provider

☒ Registered
with County
Managed
Care Plan

☒ Clinician
credentialing:
Managed
Care Plan/
Medi-Cal

☒ Contract
established
or amended*

*FQHC's do not need to
request a change in
scope of service to offer
dyadic services

Ensuring Seamless Claims Processing

Reporting & Monitoring

- Develop internal dyadic service reports, including:
 - Appropriate coding
 - Encounter data
 - Service details

Analysis & Review

- Establish process to review and assess:
 - Encounter and claims data submitted
 - Submitted claims outcome
 - Revenue generation

MCP Collaboration

- Establish MCP POC in case claims errors emerge
- Connect to ensure contracting, credentialing, fee schedule in place to support dyadic billing

Summary of Key Concepts

Core Components of Financing & Sustainability for Sustainable Dyadic Services

Providers

- Supervision of associates/trainees (SB966/AB2703)
- Expansion for PCP eligibility

Dyadic Billing

- Flexibility of "identified patient" for billing/service provision
- Covered Services & Rates
- Stacking Services

Financing/Sustainability

- Sample Business Case
- Revenue Maximization
- PPS v. FFS options

Contracts & Claims

- New & Amended Contracts
- Credentialing Reqs
- Troubleshooting Claims Issues



Two Minute Stretch Break



Community of Practice

3-2-1 Reflections



3 ideas that resonated with me



2 questions I'm wondering about



1 idea I'd like to explore further

Eligible Provider Expansion via Supervision: SB966 AB2703



Supervising Clinician Billing Requirements for Psychological Services

Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology assistants may render the above related psychology services under a supervising clinician. The claim must list the associate or assistant's name in the *Additional Claim Information* field (Box 19) or on an attachment, along with the supervising clinician's National Provider Identifier number as the "billing provider."

- ✓ Associate Marriage and Family Therapists (AMFTs)
- ✓ Associate Clinical Social Workers (ACSWs)
- ✓ Associate Professional Clinical Counselors (APCCs)
- ✓ Psychologist Associates



- Work under a qualified licensed clinical supervisor
- Bill under an eligible billing provider with Supervising Clinician NPI
- List Associate Name

See Page 4 of the NSMHS Manual [Non-Specialty Mental Health Services: Psychiatric and Psychological Services \(non spec mental\)](#)

Dyadic Care Payment Billing & Reimbursement

**Dyadic Codes Opening for Adult Caregiver
Billing in Certain Cases, with Appropriate
Modifiers.**

	Stand Alone Dyadic Visit (not on same day as another visit)	Same Day Dyadic Visit (same day as another visit)	Dyadic Visit During Another Appt for Pediatric Patient (e.g. pediatric well child visit)	Dyadic Visit During Another Appt for Pediatric Patient (e.g. pediatric well child visit)
Primary Patient for Service	Patient 0-20 OR Caregiver 21 or older with Medi-Cal	Patient 0-20	Caregiver 21 or older with Medi-Cal	Caregiver 21 or older without Medi-Cal
Reimburseme nt Type	PPS	FFS	PPS	FFS
Billed to Which Patient	Patient 0-20 OR Caregiver 21 or older with Medi-Cal New!	Pediatric Patient 0- 20	Caregiver 21 or older with Medi-Cal New!	Pediatric Patient 0-20
Example	H2027-U1 H2015-U1	H1011-U1 H2015-U1	96127-U1 (brief emotional/behavioral assessment	96127-U1 (brief emotional/behavioral assessment

When Using Multiple Dyadic Services



2 month Well Child Visit

H1011 Modifier U1

G8431 Modifier U1

H2015 Modifier U1 – 1 unit

25 minutes DBH WCV

9 mins Community Supports

- DBH Well Child Visit focusing on child/caregiver observations, developmental assessment and psychoeducation, child development coaching
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H1011-U1
G8431-U1
H2015-U1

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PPS Reimbursement for Child

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\$250

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No charge documentation to Pediatric Record

PPS for Child + PPS for Adult

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FFS for Child + PPS for Adult

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\$423.75

+\$250 for Medical Well Child Visit (Scenario a, b, c)

Do

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PM	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Admin	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Embedded (Goal = 3 DBH WC visits) + 1 Dyadic CG Service during medical WCV	Stand Alone Visits (Goal = 5 DBH WC FT, or other visits)

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Weekly Financials:

Projected Reimbursement:

- FFS: \$1,745.85 (Scenario 1a)
- Child PPS: \$2,500 (Scenario 2)
- Adult PPS: \$1,500
- Sum Total: **\$5,745.85**

Projected Cost:

- Bay Area County LCSW: **\$3,134/Week**

Project Net Revenue:

- \$2,611.85**

“We don’t have to engage in grand, heroic actions to participate in change. Small acts, when multiplied by millions of people, can transform the world.”
– Howard Zinn



Coming Up Next...

April 2, 2025

Dyadic Care Benefits: Setting up the EMR, QI and Data Reporting

Thank you – Upcoming Dyadic Webinar Series

Part 3: Dyadic Care Benefits – Setting Up the Electronic Medical Record/Quality and Data Reporting

DATE: Wednesday, April 2nd, 2025

TIME: 12:00 P.M. to 1:30 P.M.

Part 4: Setting Your Practice Up for Success – Dyadic Care Workflows/Operations and Implementation in Clinics

DATE: Wednesday, May 7th, 2025

TIME: 12:00 P.M. to 1:30 P.M.



Center for Advancing
Dyadic Care in Pediatrics