PROVIDER*Update*



REGULATORY | MARCH 27, 2023 | UPDATE 23-242 | 3 PAGES

New Dyadic Services and Family Therapy Benefits

Support healthy child development and mental health by treating Medi-Cal children and their parents/caregivers together

Effective January 1, 2023, dyadic services and family therapy benefits are available to Medi-Cal members under age 21. This update contains information on eligibility, claims billing and referrals. For more information about dyadic services and family therapy benefit requirements, refer to the Department of Health Care Services All Plan Letter (APL) 22-029¹.

A dyad refers to a child and their parent(s) or caregiver(s). Dyadic services refer to serving both parent(s) or caregiver(s) and child together as a dyad and is a form of treatment that targets family well-being as a mechanism to support healthy child development and mental health.

Dyadic services

Dyadic services include dyadic behavioral health (DBH) well-child visits, dyadic comprehensive community support services, dyadic psychoeducational services, and dyadic family training and counseling for child development. The DBH well-child visit is provided for both child and parent(s)/caregiver(s) together, preferably within the pediatric primary care setting the same day as the medical well-child visit. Dyadic services screen for behavioral health problems, interpersonal safety, tobacco and substance misuse and social drivers of health (SDOH), such as food insecurity and housing instability, and include referrals for appropriate follow-up care.

Facilities or clinics that offer integrated physical health and behavioral health services, such as health centers and Federally Qualified Health Centers (FQHCs), are able to conduct the medical well-child visit, the DBH well-child visit and some or all of the ongoing dyadic services. Physicians who do not offer integrated behavioral health services are able to initiate dyadic services by conducting the medical well-child visit and making referrals to MHN, the Plan's behavioral health administrator, for the DBH well-child visit and ongoing dyadic services.

THIS UPDATE APPLIES TO:

- Primary Care Physicians
- Hospitals
- Ancillary Providers
- Independent Practice Associations

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Call Us at 877-658-0305

Monday to Friday 8 a.m. to 5 p.m. (PT)

Fax Numbers

Prior Authorizations: 866-724-5057 Concurrent Review: 855-556-7910 Admissions: 855-556-7907

Appeals: 855-460-1009

Case Management: 855-556-7909

Pharmacy

Medi-Cal Rx – Self-administered drugs and supplies obtained under the pharmacy benefit

Prior auth fax: 800-869-4325Help Desk: 800-977-2273

AcariaHealth - Specialty Pharmacy

• Prior auth fax: 855-217-0926

• Phone: 855-535-1815

CHWP Pharmacy Dept – Provider-administered drugs requiring prior auth

Prior auth fax: 877-259-6961

■ Phone: 877-658-0305

Medication Prior Authorization Form is available at www.CAHealthWellness.com.

Family therapy

Family therapy is covered under Medi-Cal's non-specialty mental health services benefit, for members under age 21 who are at risk for behavioral health concerns, and for whom family therapy is indicated, but may not have a mental health diagnosis. Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider. All family members do not need to be present for each service. For example, parents or caregivers can qualify for family therapy without their child present, if necessary.

California Health & Wellness Plan (CHWP) reimbursement includes, but is not limited to, child-parent psychotherapy, Triple P (Positive Parenting Program) and parent-child interaction therapy.

Eligibility criteria

Members under age 21 and their parent(s)/caregiver(s) are eligible for DBH well-child visits when:

- Delivered according to the Bright Futures/American Academy of Pediatrics periodicity schedule for behavioral/social/emotional screening assessment.
- Medically necessary, in accordance with Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards.
- The child must be enrolled in Medi-Cal. The parent(s) or caregiver(s) does/do not need to be enrolled in Medi-Cal or have other coverage so long as the care is for the direct benefit of the child.

Prior authorization is not required for dyadic services.

Claims billing

Refer to the table below for dyadic services and billing codes. Encounters for dyadic services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.

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Dyadic Services	Description/Billing Codes
Services for members under age 21 (when billed to the child's Medi-Cal ID with the modifier U1)	 Dyadic behavioral health (DBH) well-child visits: H1011. Dyadic comprehensive community support services, per 15 minutes: H2015 (separate and distinct from California Advancing and Innovating Medi-Cal's (CalAIM) Community Supports). Dyadic psychoeducational services, per 15 minutes: H2027. Dyadic family training and counseling for child development, per 15 minutes: T1027.
Services for parent/caregiver (services provided to the caregiver for the benefit of the child during a child's visit, and billed using the child's Medi-Cal ID with the modifier U1)	 ACE screening: G9919, G9920 Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT): G0442, H0049, H0050. Brief emotional/behavioral assessment: 96127. Depression screening: G8431, G8510. Health behavior assessments and interventions: 96156, 96167, 96168, 96170, 96171. Psychiatric diagnostic evaluation: 90791, 90792. Tobacco cessation counseling: 99406, 99407.

MHN claims submission and electronic payer ID information

Provider sites with integrated physical health and behavioral health services, such as Community Health Centers, FQHCs, and some primary care sites, will be able to administer the medical well-child visit, the DBH well-child visit and some or all of the additional dyadic services (depending on scope of practice). In such cases, integrated provider sites will bill the Plan for the medical well-child visit, and bill MHN for the dyadic service(s). Use the below information to submit claims to MHN and check claim status.

- Claims status: 844-966-0298 (option 1).
- MHN electronic payer ID: 22771.
- Claims mailing address:

MHN Claims PO Box 14621 Lexington, KY 40512-4612

Referral to MHN

Primary care physicians (PCPs) or sites that do not offer behavioral health services can initiate dyadic services by conducting the medical well-child visit and referring members to MHN to connect with a dyadic services provider who will conduct the DBH well-child visit and determine needs for ongoing dyadic services:

- 24/7 telephonic support: 888-893-1569. Let members know they can call MHN's customer service directly to find a behavioral health provider or specialist, including the best telehealth options. Help the member to call MHN's customer service number during an office visit.
 - Press * for mental health crisis.
 - Press 1 for member calls.
 - Press 2 for provider calls including behavioral health and interpreter or language assistance.
- Visit www.mhn.com/find-a-provider.html. Find an MHN provider through the online provider directory. Members can choose a provider including one with telehealth service.

Dyadic services providers

Referrals can be made to the following dyadic services providers^{2,3}:

- Licensed clinical social workers.
- Licensed professional clinical counselors.
- Licensed marriage and family therapists.
- Licensed psychologists.

- Psychiatric physician assistants.
- Psychiatric nurse practitioners.
- Psychiatrists.

Additional Information

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. The provider operations manual is available in the Provider Resources section of the provider website at www.CAHealthWellness.com.

If you have questions regarding the information contained in this update, contact CHWP at 877-658-0305.

¹https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf.

²Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers, and psychology assistants may render services under a supervising clinician.

³Appropriately trained nonclinical staff, including community health workers, are not precluded from screening members for issues related to SDOH or performing other nonclinical support tasks as a component of the DBH visit, as long as the screening is not separately billed.