

Provider Bulletin May 2023

Dyadic Services and Family Therapy Benefit

Effective January 1, 2023, the Department of Health Care Services (DHCS) implemented All Plan Letter (APL) 22-029 (Revised March 20, 2023), Dyadic Services and Family Therapy Benefit (APL 22-029). 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. Anthem Blue Cross (Anthem) does not require prior authorization for these services.

Dyadic Services Benefit and Member Eligibility Criteria: Per APL 22-029, the Dyadic Services benefit is a family- and caregiver-focused model of care provided within pediatric primary care settings whenever possible. Dyadic care refers to serving both parent(s) or caregiver(s) and child together and supports healthy child development and mental health. Children (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, when medically necessary, in accordance with Early Periodic Screening, Development and Testing (EPSDT) standards. A diagnosis is not required to qualify for DBH services. The family is eligible to receive Dyadic Services as long as the child is enrolled in Medi-Cal Managed Care (Medi-Cal). The parent(s) or caregiver(s) don't need to be enrolled in Medi-Cal or have other coverage as long as the care is for the direct benefit of the child.

Medically Necessary Services: Services are considered medically necessary when:

- For members under 21 years of age: EPSDT services that sustain, support, improve, or make more tolerable a behavioral health condition and are considered to ameliorate the condition
- For members 21 years of age or older: the service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain

Covered Services: A summary of covered services follows — please refer to APL 22-029, and the Medi-Cal Provider Manual — Non-Specialty Mental Health Services (NSMHS) for a comprehensive description of Dyadic Services and Family Therapy benefits, covered services, billing, claims, and payments. Anthem does not require prior authorization for Dyadic Services and covers the Dyadic Services benefit through telehealth or in -person with locations in any setting including, but not limited to, pediatric primary care settings, doctor's offices or clinics, inpatient or outpatient settings in hospitals, the member's home, school-based sites, or community settings. There are no service location limitations regarding providing services via telehealth.

Dyadic Parent or Caregiver Services: Dyadic parent or caregiver services are delivered during a well-child visit that is attended by the child (member under age 21) and parent or caregiver, including assessment, screening, counseling, and brief intervention services provided to the parent or caregiver for the benefit of the child as appropriate. Assessments may include Adverse Childhood Experiences (ACEs) Screening; Alcohol and Drug Screening; Brief Emotional/Behavioral Assessment; Brief Interventions, and Referral to Treatment; Depression Screening; Health Behavior Assessments and Interventions; Psychiatric Diagnostic Evaluation and Tobacco Cessation Counseling. Refer to the Medi-Cal Provider Manual — NSMHS for detailed coding and reimbursement guidance.

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^{*} ModivCare is an independent company providing transportation services on behalf of the health plan.

Dyadic Behavioral Health (DBH) well-child visits: DBH well-child visits are provided for the child (member under age 21) and caregiver(s) or parent(s) on the same day as the medical well-child visit, when feasible. A child and caregiver(s) or parent(s) can be screened for behavioral health problems, interpersonal safety, tobacco and substance misuse, and social drivers of health (SDOH), such as food insecurity and housing instability, as well as provided referrals for appropriate follow-up care. The DBH well-child visit must be limited to those services not already covered in the medical well-child visit. Refer to the Medi-Cal Provider Manual — NSMHS for detailed coding and reimbursement guidance.

Dyadic Comprehensive Community Supports Service: These services help the child (member under age 21) and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health -related services through 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. Refer to the Medi-Cal Provider Manual — NSMHS for detailed coding and reimbursement guidance.

Dyadic Family Training and Counseling for Child Development: Dyadic Family Training and Counseling for Child Development are for family training and counseling provided to both the child under age 21 and parent(s) or caregiver(s). These services include brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues. Refer to the Medi-Cal Provider Manual — NSMHS for detailed coding and reimbursement guidance.

Dyadic Psychoeducational Services: Dyadic Psychoeducational Services are provided to the child under age 21 and/or parent(s) or caregiver(s). These 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. Refer to the Medi-Cal Provider Manual — NSMHS for detailed coding and reimbursement guidance.

Family Therapy as a Behavioral Health Benefit: Family therapy is composed of at least two family members receiving therapy together to improve parent/child or caregiver/child relationships and encourage bonding, resolving conflicts, and creating a positive home environment. All family members do not need to be present for each service. For example, parents or caregivers can qualify for family therapy without their infant present, if necessary. For a detailed discussion of the family therapy benefit, diagnostic criteria, coding, and reimbursement guidance, refer to the Medi-Cal Provider Manual — NSMHS.

Follow-up Services: Providers arrange a Dyadic appointment within the appropriate timelines and assist members with accessing transportation services through ModivCare* (formerly known as LogistiCare), if needed. The provider is responsible for ensuring that arrangements are made for follow-up services that reflect the findings, special needs or risk factors discovered during the visit. These include referrals for any Dyadic Services, preventive care screenings, navigating and coordination of behavioral health, health, dental, social services and benefit programs, and levels of care coordination and others that may have been identified. Anthem practitioners may refer members with chronic and/or complex medical needs to Anthem's Case Management services. The Case Manager will develop an individualized plan of care, in cooperation with the member/parent/guardian, PCP, licensed Clinical Social Workers, specialists and ancillary care providers, to assure the delivery of coordinated treatment services to members with chronic and complex behavioral health and medical needs, and to maximize benefits and control costs.

Dyadic Services Provider Requirements and Qualifications: Dyadic Services Providers will have National Provider Identifiers (NPIs) and comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. Except as noted and as outlined in the NSMHS: Psychiatric and Psychological Services section of the Provider Manual, Behavioral Health Dyadic Services may be provided by licensed Behavioral Health professionals (or associate professionals under a

supervising clinician). Appropriately trained nonclinical staff, including Community Health Workers (CHW), may screen members for nonclinical components of the DBH visit and assist a dyad to gain access to needed services to support their health.

Billing, claims, and payments: A summary of covered services follows — please refer to APL 22-029, and the Medi-Cal Provider Manual — NSMHS for a comprehensive description of Dyadic Services and Family Therapy benefits, covered services, billing, claims and payments. Dyadic Services providers are reimbursed in accordance with their network provider contract. Multiple Dyadic Services are allowed on the same day and may be reimbursed at the fee-for-service (FFS) rate. The DBH well-child visit is limited to those services that are not already covered in the medical well-child visit, and any other service codes cannot be duplicative of services that have already been provided in a medical well-child visit or a DBH well-child visit. Dyadic caregiver service codes (screening, assessment, and brief intervention services provided to the parent or caregiver for the benefit of the child) 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.

Tribal health programs (THPs), Rural Health Clinics (RHCs), and Federal Qualified Health Centers (**FQHCs**): Refer to APL 22-029, and the Medi-Cal Provider Manual — NSMHS for a comprehensive description of Dyadic Services and Family Therapy benefits, covered services, billing, claims and payments for THPs, RHCs, and FQHCs. There are no restrictions as to where Dyadic Services can be performed. THP, RHC, and FQHC providers should refer to the telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth. THP, RHC, and FQHC providers cannot double bill for Dyadic Services that are duplicative of other services provided through Medi-Cal. All Dyadic Services must be billed under the Medi-Cal ID of the member under age 21.

Medical record documentation: Medical record documentation follows standards in the Medi-Cal Provider Manual, including annotation of culturally and linguistically appropriate primary and preventive care; history and physical assessment and diagnosis, diagnostic services, and plan for further evaluation and treatment of any identified diseases or conditions including referrals for any abnormal findings. Documentation includes preventive services provided in conformance with schedules and guidelines, health education and anticipatory guidance. Include results of standardized assessment tools and identification of issues and risks and appropriate referrals for required services, including Dyadic and behavioral health services.

References:

- Anthem provider website
- Anthem Provider Manual
- American Academy of Pediatrics/Bright Futures age-specific guidelines and periodicity schedule
- All Plan Letter (APL) 22-029 (Revised March 20, 2023) Dyadic Services And Family Therapy Benefit
- Medi-Cal Provider Manual Non-Specialty Mental Health Services (NSMHS)



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