

The following document is an **outdated version** of the Apple Health DC:0-5 Crosswalk. Providers should reference the most recent version of the **Apple Health DC:0-5 Crosswalk**.

Washington Apple Health (Medicaid)

**2023 Apple Health
Community Informed
DC:0-5™ Crosswalk**

(Reference Tool)

October 15, 2022

RCW 74.09.520

Notices

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and another HCA publication arises, the HCA Billing Guides and Service Encounter Instructions (SERI) takes precedence.

Reference guides and tools are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides and tools. If you find a broken link, please check the most recent version of the tool. If this is the most recent version, submit a response through the [DC:0-5™ Crosswalk Feedback Form](#).

About this crosswalk*

This publication takes effect October 15, 2022. HCA has developed this Apple Health DC:0-5™ Crosswalk as a reference tool for mental health providers to support in converting DC:0-5™ diagnoses to associated ICD-10 diagnostic codes and DSM-5 diagnoses. This reference tool is not intended to take the place of professional development in the form of training and ongoing supervision. Further, it does not dictate scope of practice. Professionals are encouraged to reference their credentialing rules and guidance through Department of Health and consult with their professional associations regarding scope of practice considerations.

Apple Health is free or low-cost health care coverage for eligible Washington residents. Apple Health is the name used in Washington State for Medicaid and is administered by the HCA. Refer also to HCA's [Mental Health Assessment for Young Children](#) provider webpage for valuable information regarding billing and other policy implementation updates that may impact your practice.

Do you have feedback about this tool? If so, you can share your thoughts on our [DC:0-5™ Crosswalk Feedback Form](#).

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* This publication is a reference tool.

owner. Under section 107 of the Copyright Act of 1976, allowance is made for limited use of copyrighted material without requiring permission from the rights holders for “fair use.”

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International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a publication of the National Center for Health Statistics, under authorization by the World Health Organization, that is available for public use.

What has changed

The table below briefly outlines how this publication differs from the **previous version**. This table is organized by subject matter. Each item in the Subject column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
About this crosswalk	Revised section to clarify that tool is not intended to take the places of professional development and supervision. Revised section to clarify that tool is not intended to dictate scope of practice.	To clarify the intent of the tool
Community Informed Crosswalk Overview: Introduction	Added information about CMS recommendation to use the DC:0-5 Added information about DOH policy to allow use of the DC:0-5 Added description differentiating between the Apple Health and Zero to Three crosswalks. Added description of the community-informed workgroup. Inserted note about the	To clarify the intent of the tool and to inform providers about the development process for the tool

	anticipated schedule for updates.	
Community Informed Crosswalk Overview: How to use this crosswalk	Added instructions for using crosswalk when more than one DSM-5 or ICD-10 diagnosis is associated with a DC:0-5 diagnosis	To inform providers about how best to interpret and use the tool
Community Informed Crosswalk Overview: Limitations	Added section on the limitations of the crosswalk	To clarify the intent of the tool
Neurodevelopmental Disorders	Revised referenced DSM-5 and/or ICD-10 diagnoses for: <ul style="list-style-type: none"> • Early Atypical Autism • Attention Deficit/Hyperactivity Disorder • Overactivity Disorder of Toddlerhood • Developmental Language Disorder 	To align with Workgroup consensus
Anxiety Disorders	Revised referenced DSM-5 and/or ICD-10 diagnoses for: <ul style="list-style-type: none"> • Social Anxiety Disorder • Other Anxiety Disorder of Infancy/Early Childhood 	To align with Workgroup consensus
Mood Disorders	Revised referenced DSM-5 and/or ICD-10 diagnoses for: <ul style="list-style-type: none"> • Depressive Disorder of Early Childhood • Disorder of dysregulated anger and aggression of early childhood • Other Mood Disorder of Early Childhood 	To align with Workgroup consensus
Obsessive Compulsive & Related Disorders	Revised referenced DSM-5 and/or ICD-10 diagnoses for: <ul style="list-style-type: none"> • Other Obsessive Compulsive and Related Disorders 	To align with Workgroup consensus

Sleep Disorders	<p>Revised referenced DSM-5 and/or ICD-10 diagnoses for:</p> <ul style="list-style-type: none"> • Sleep Onset Disorder • Night Waking Disorder • Partial Arousal Sleep Disorder • Nightmare Disorder of Early Childhood • Other Sleep Disorder of Infancy/Early Childhood 	To align with Workgroup consensus
Eating Disorders	<p>Revised referenced DSM-5 and/or ICD-10 diagnoses for:</p> <ul style="list-style-type: none"> • Overeating Disorder • Undereating Disorder • Atypical Eating Disorder: Hoarding 	To align with Workgroup consensus
Crying Disorders	<p>Revised referenced DSM-5 and/or ICD-10 diagnoses for:</p> <ul style="list-style-type: none"> • Excessive Crying Disorder 	To align with Workgroup consensus
Trauma, Stress, & Deprivation Disorders	<p>Revised referenced DSM-5 and/or ICD-10 diagnoses for:</p> <ul style="list-style-type: none"> • Complicated Grief Disorder of Infancy/Early Childhood • Other Trauma, Stress, and Deprivation Disorder 	To align with Workgroup consensus
Relationship Specific Disorders	<p>Revised referenced DSM-5 and/or ICD-10 diagnoses for:</p> <ul style="list-style-type: none"> • Relationship Specific Disorder of Infancy/Early Childhood 	To align with Workgroup consensus
Appendix A. Development of the Community-Informed Apple Health DC:0-5 Crosswalk	Added description of how the Community-Informed crosswalk was developed.	To inform providers about how the updated tool was developed
Appendix B. Comparison of Crosswalks: Why are there differences in the Apple Health and Zero to Three crosswalk?	Inserted note that there may be differences in crosswalks based on the decisions made by the Workgroup	To draw attention to differences from crosswalks providers may currently reference

<p>Appendix B. Comparison of Crosswalks: Why are there differences between the Apple Health crosswalk and the King County crosswalk?</p>	<p>Section removed</p>	<p>The Comparison of Crosswalks Appendix no longer compares the Apple Health crosswalk to the King County crosswalk</p>
<p>Appendix B. Comparison of Crosswalks: DC:0-5™ Crosswalk Comparison Table</p>	<p>Columns indicating comparison to King County crosswalk removed</p>	<p>To improve usability and decrease duplication</p>
<p>Appendix B. Comparison of Crosswalks: DC:0-5™ Crosswalk Comparison Table</p>	<p>Columns update to connect updated Apple Health crosswalk with Zero To Three crosswalk</p>	<p>To align table with updated crosswalk</p>
<p>Appendix C. Diagnoses benefitting from further consultation</p>	<p>Added section describing the level of consultation and review provided for various disorders</p>	<p>To draw attention to various diagnoses that may benefit from additional consultation</p>

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Definitions

This list defines terms and abbreviations, including acronyms, used in this reference tool. Refer to chapter **182-500** WAC for a complete list of definitions for Apple Health.

DC:0-5™ Crosswalk – A DC: 0 - 5™ crosswalk is a reference tool for mental health providers that helps to convert DC: 0 – 5™ diagnoses to associated ICD diagnostic codes and DSM diagnoses.

DC:0-5™ – The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) is the internationally accepted system for developmentally appropriate assessment of young children’s mental health. The DC: 0 – 5™ uses developmentally specific diagnostic criteria and reflects mental health disorders that are typically diagnosed in infancy and early childhood.

DSM® – The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

ICD – The International Classification of Diseases (ICD) is a classification system used for the systematic recording, analysis, interpretation and comparison of mortality and morbidity data across countries and regions. ICD ensures interoperability and reusability of data records.

ICD-10-CM: The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a standardized classification system of diagnosis codes that represent conditions and diseases, related health problems, abnormal findings, signs and symptoms, injuries, external causes of injuries and diseases, and social circumstances. The ICD-10-CM is based on the World Health Organization's Tenth Revision, International Classification of Diseases (ICD-10). The National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS) are the U.S. governmental agencies responsible for overseeing all changes and modifications to the ICD-10-CM.

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Community-Informed Crosswalk Overview

Introduction

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:05™) is the **internationally accepted** system for developmentally appropriate assessment of young children’s mental health, and **2022 guidance** from the Centers for Medicare and Medicaid (CMS) recommends its use as a best practice. The DC: 0 – 5™ uses developmentally specific diagnostic criteria that reflects mental health disorders that are typically diagnosed in infancy and early childhood.

Though the DC: 0 - 5™ is the clinically appropriate manual for diagnosing infants and young children, the adoption of the DC:0-5™ in our behavioral health system is a recent policy change (**RCW 74.09.522**). For Apple Health providers, federal Medicaid guidance requires that all claims be submitted with an ICD-10 (International Classification of Disease) code. In addition, some behavioral health electronic health record (EHR) systems may still require a DSM-5 (Diagnostic and Statistical Manual) diagnosis for clinical records, though in Washington state, **recent guidance from the Department of Health** allows providers to use the DC:0-5™ in clinical records, when developmentally appropriate, beginning September 1, 2022.

Apple Health’s community-informed Apple Health DC: 0 - 5™ crosswalk was created in partnership with a work group of infant-early childhood mental health practitioners. To learn more about the work group’s efforts, please see **Appendix A**.

Although the DC:0-5™ manual also includes a crosswalk, it is not specific to Apple Health billing policies. To learn more about the differences between the Zero to Three crosswalk and the Apple Health crosswalk, please see **Appendix B**.

HCA anticipates that this crosswalk will be updated on an annual basis, to account for any changes within the relevant diagnostic systems (DC:0-5™, DSM, and ICD). Ongoing provider feedback will also be considered as part of this annual update process. If you have feedback on this crosswalk, you can share your thoughts on our **[DC:0-5™ Crosswalk Feedback Form](#)**.

Check out our **[Mental Health Assessment for Young Children](#)** provider program webpage for additional resources and information!

How to use this crosswalk

[RCW 74.09.520](#) requires Apple Health mental health providers to use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) to assess and diagnose children birth through age five. After completing the mental health assessment

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process with the child and family and identifying the appropriate DC:0-5™ diagnosis, providers can reference this tool to find the associated DSM-5 diagnosis and/or ICD-10 diagnostic code.

Note: This crosswalk is not intended to take the place of a full mental health assessment, nor replace clinical judgement. Some DC:0-5™ diagnoses crosswalk to more than one DSM-5 or ICD-10 diagnosis. This indicates that there may be multiple options that could be appropriate based on the symptom criteria included in the various diagnostic tools. Providers are encouraged to reference the DSM-5 and ICD-10 for further information about the associated diagnoses.

Limitations of this crosswalk

As previously noted, this crosswalk is a resource tool, and it is not intended to take the place of professional development in the form of training and ongoing supervision. In addition, this tool serves only as a resource to connect DC:0-5™ diagnoses to additional diagnostic systems (i.e., DSM and ICD), and it does not provide any guidance on the appropriate scope of practice for the diagnostic process and qualified professionals.

This crosswalk was developed for the purpose of supporting Apple Health mental health professionals in the ability to provide diagnoses for initiation of infant-early childhood mental health services; therefore, it only provides guidance on connecting Axis 1 Clinical Disorders from the DC:0-5™ to DSM diagnoses and ICD-10 codes. While gathering information from the other four axes is a critical component for understanding the child's and completion of a thorough assessment, this information is not currently required to be reported as the principle mental health diagnosis on a claim.

Lastly, this crosswalk was developed with primary consultation from mental health professionals and additional consultation from allied professionals. Some diagnostic categories within the DC:0-5™ may benefit from additional consultation. For more information about this topic, please see [Appendix C](#).

Community-Informed Apple Health DC:0-5™ Crosswalk

Neurodevelopmental Disorders[†]

DC:0 – 5™ Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Autism Spectrum Disorder	10.1	Autism Spectrum Disorder	299.00	Autistic Disorder	F84.0
Early Atypical Autism Spectrum Disorder	10.2	NA	NA	Other pervasive developmental disorder	F84.8
				Pervasive Developmental Disorder, unspecified	F84.9
Attention Deficit/Hyperactivity Disorder	10.3	Attention Deficit Hyperactivity Disorder	314.01	Attention-deficit hyperactivity disorder, predominantly inattentive type	F90.0
				Attention-deficit hyperactivity disorder, predominantly hyperactive type	F90.1
				Attention-deficit hyperactivity disorder, combined type	F90.2
				Attention-deficit hyperactivity disorder, other type	F90.8
				Attention-deficit hyperactivity disorder, unspecified type	F90.9

[†]See Appendix C | Diagnoses benefitting from further consultation

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DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Overactivity Disorder of Toddlerhood	10.4	NA	NA	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F98.8
				Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F98.9
Global Developmental Delay	10.5	Global Developmental Delay	315.8	Other disorders of psychological development (Other neurodevelopmental disorder)	F88
Developmental Language Disorder	10.6	Language Disorder	315.39	Other developmental disorder of speech and language	F80.89
				Developmental disorder of speech and language, unspecified	F80.9
Developmental Coordination Disorder	10.7	Developmental Coordination Disorder	315.4	Specific developmental disorder of motor function	F82

†See Appendix C | Diagnoses benefitting from further consultation

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DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Other Neurodevelopmental Disorder of Infancy/ Early Childhood	10.8	Unspecified Neurodevelopmental Disorder	315.9	Unspecified disorder of psychological development (Unspecified neurodevelopmental disorder; Unspecified developmental disorder)	F89

Sensory Processing Disorders[†]

DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Sensory Over-Responsivity Disorder	20.1	Other Specified Neurodevelopmental Disorder	315.8	Other disorders of psychological development (Other specified neurodevelopmental disorder)	F88
Sensory Under-Responsivity Disorder	20.2	Other Specified Neurodevelopmental Disorder	315.8	Other disorders of psychological development (Other specified neurodevelopmental disorder)	F88
Other Sensory Processing Disorder	20.3	Other Specified Neurodevelopmental Disorder	315.8	Other disorders of psychological development (Other specified neurodevelopmental disorder)	F88

[†]See Appendix C | Diagnoses benefitting from further consultation

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Anxiety Disorders

DC:0 – 5 TM Axis I Clinical Disorder	DSM Diagnosis	ICD Classification
Separation Anxiety Disorder	30.1 Separation Anxiety Disorder	309.21 Separation Anxiety Disorder of Childhood F93.0
Social Anxiety Disorder (Social Phobia)	30.2 Social Anxiety Disorder	Social Phobia, Unspecified F40.10
		Social Phobia, Generalized F40.11
Generalized Anxiety Disorder	30.3 Generalized Anxiety Disorder	300.02 Generalized Anxiety Disorder F41.1
Selective Mutism	30.4 Selective Mutism	312.23 Selective Mutism F94.0
Inhibition to Novelty Disorder	30.5 Other Specified Anxiety Disorder	300.09 Other Specified Anxiety Disorders F41.8
Other Anxiety Disorder of Infancy/ Early Childhood	30.6 Unspecified Anxiety Disorder	300.00 Anxiety Disorder, unspecified F41.9

Mood Disorders

DC:0 – 5 TM Axis I Clinical Disorder	DSM Diagnosis	ICD Classification
Depressive Disorder of Early Childhood	40.1 Major depressive disorder, Mild	296.21 Major Depressive Disorder, Single Episode, Mild F32.0
	Major depressive disorder, Moderate	296.22 Major Depressive Disorder, Single Episode, Moderate F32.1
	Major depressive disorder, Severe	296.23 Major Depressive Disorder, Single Episode, Severe F32.2

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DC:0 – 5 TM Axis I Clinical Disorder	DSM Diagnosis	ICD Classification
Disorder of dysregulated anger and aggression of early childhood	40.2 Unspecified Mood Disorder	NA Other specified persistent mood disorders F34.89
Other Mood Disorder of Early Childhood	40.3 Unspecified Mood Disorder	NA Unspecific mood [affective] disorder F39

Obsessive Compulsive & Related Disorders

DC:0 – 5 TM Axis I Clinical Disorder	DSM Diagnosis	ICD Classification
Obsessive-Compulsive Disorder	50.1 Obsessive-Compulsive Disorder	300.3 Mixed Obsessional Thoughts & Acts F42.2
Tourette’s Disorder	50.2 Tourette’s Disorder	307.23 Tourette’s Disorder F95.2
Motor or Vocal Tic Disorder	50.3 Persistent (Chronic) Motor or Vocal Tic Disorder	307.22 Chronic motor or vocal tic disorder F95.1
Trichotillomania	50.4 Trichotillomania	312.39 Trichotillomania F63.3
Skin Picking Disorder of Infancy/Early Childhood	50.5 Excoriation (Skin-Picking Disorder)	698.4 Excoriation (Skin-Picking) Disorder F42.4
Other Obsessive Compulsive and Related Disorders	50.6 Other Specified Obsessive-Compulsive and Related Disorder	300.3 Other obsessive-compulsive disorder F42.8
	50.6 Unspecified Obsessive-Compulsive and Related Disorder	300.3 Obsessive-compulsive disorder, unspecified F42.9

†See Appendix C | Diagnoses benefitting from further consultation

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Sleep Disorders[†]

DC:0 – 5 [™] Axis I Clinical Disorder	DSM Diagnosis	ICD Classification			
Sleep Onset Disorder	60.1	NA	NA	Behavioral insomnia of childhood, sleep-onset association type	Z73.810
				Behavioral insomnia of childhood, limit setting type	Z73.811
				Behavioral insomnia of childhood, combined type	Z73.812
Night Waking Disorder	60.2	NA	NA	Behavioral insomnia of childhood, sleep-onset association type	Z73.810
				Behavioral insomnia of childhood, limit setting type	Z73.811
				Behavioral insomnia of childhood, combined type	Z73.812

[†]See Appendix C | Diagnoses benefitting from further consultation

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DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Partial Arousal Sleep Disorder	60.3	NA	NA	Behavioral insomnia of childhood, sleep-onset association type	Z73.810
				Behavioral insomnia of childhood, limit setting type	Z73.811
				Behavioral insomnia of childhood, combined type	Z73.812
Nightmare Disorder of Early Childhood	60.4	NA	NA	Behavioral insomnia of childhood, sleep-onset association type	Z73.810
				Behavioral insomnia of childhood, limit setting type	Z73.811
				Behavioral insomnia of childhood, combined type	Z73.812
Other Sleep Disorder of Infancy/Early Childhood	60.9a	NA	NA	Behavioral insomnia of childhood, unspecified type	Z73.819

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Eating Disorders[†]

DC:0 – 5 [™] Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Overeating Disorder	60.5	Other Specified Feeding or Eating Disorder	307.59	Other specified eating disorder	F50.89
		Binge-Eating Disorder	307.51	Binge eating disorder	F50.81
Undereating Disorder	60.6	Avoidant/ Restrictive Food Intake Disorder	307.59	Avoidant/restrictive food intake disorder	F50.82
Atypical Eating Disorder - Hoarding	60.7a	Other Specified Trauma- and Stressor-Related Disorder	309.89	Other Reactions to Severe Stress	F43.89
		Unspecified Feeding or Eating Disorder	307.50	Eating disorder, unspecified	F50.9
Atypical Eating Disorder - Pica	60.7b	Pica	307.52	Pica of infancy and childhood	F98.3
Atypical Eating Disorder - Rumination	60.7c	Rumination Disorder	307.53	Rumination disorder of infancy	F98.21
Other Eating Disorder of Infancy/Early Childhood	60.9b	Other Specified Feeding or Eating Disorder	307.59	Other specified eating disorder	F50.89

Crying Disorders[†]

DC:0 – 5 [™] Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Excessive Crying Disorder	60.8	N/A	N/A	Other childhood emotional disorders	F93.8
				Childhood emotional disorder, unspecified	F93.9

[†]See Appendix C | Diagnoses benefitting from further consultation

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Trauma, Stress, & Deprivation Disorders

DC:0 – 5™ Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Posttraumatic Stress Disorder	70.1	Posttraumatic Stress Disorder	309.81	Post-traumatic stress disorder, unspecified	F43.10
Adjustment Disorder	70.2	Adjustment disorder – unspecified	309.9	Adjustment disorder, unspecified	F43.20
		Adjustment disorder, with depressed mood	309.0	Adjustment disorder with depressed mood	F43.21
		Adjustment disorder, with anxiety	309.24	Adjustment disorder with anxiety	F43.22
		Adjustment disorder with anxiety and depressed mood	309.28	Adjustment disorder with anxiety and depressed mood	F43.23
		Adjustment disorder with disturbance of conduct	309.3	Adjustment disorder with disturbance of conduct	F43.24
		Adjustment disorder with mixed disturbance of emotions and conduct	309.4	Adjustment disorder with mixed disturbance of emotions and conduct	F43.25
		Adjustment disorder – unspecified	309.9	Adjustment disorder with other symptoms	F43.29
Complicated Grief Disorder of Infancy/ Early Childhood	70.3	Prolonged Grief Disorder	NA	Prolonged grief disorder (complicated grief)	F43.81
Reactive Attachment Disorder	70.4	Reactive Attachment Disorder	313.89	Reactive attachment disorder of childhood	F94.1

†See Appendix C | Diagnoses benefitting from further consultation

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DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Disinhibited Social Engagement Disorder	70.5	Disinhibited Social Engagement Disorder	313.89	Disinhibited attachment disorder of childhood	F94.2
Other Trauma, Stress, and Deprivation Disorder of Infancy/ Early Childhood	70.6	Other Specified trauma and stressor related disorder	309.89	Other reactions to severe stress	F43.89
		Unspecified Trauma- and Stressor- Related Disorder	309.9	Reaction to severe stress, unspecified	F43.9
		Acute Stress Disorder	308.3	Acute adjustment reaction	F43.0

Relationship Specific Disorders

DC:0 – 5 TM Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Relationship Specific Disorder of Infancy/ Early Childhood	80.1	Parent-Child Relational Problem	V61.20	Parent-biological child conflict	Z62.820
				Parent-adopted child conflict	Z62.821
				Parent-foster child conflict	Z62.822

Do you have feedback about this tool? If so, you can share your thoughts on our [DC:0-5TM Crosswalk Feedback Form](#).

[†]See Appendix C | Diagnoses benefitting from further consultation

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Appendix A | Development of the Community-Informed Apple Health DC:0-5 Crosswalk

In January 2022, the Health Care Authority (HCA) published an Interim version of the Apple Health DC:0-5™ Crosswalk. The Interim crosswalk was developed by HCA staff, based upon the national crosswalk from Zero to Three. Changes were made from the Zero to Three version to align with current DSM-5 and ICD-10 coding standards, as well as current CMS and Apple Health billing guidance.

Beginning in February 2022, HCA convened the Community-Informed DC:0-5™ Crosswalk Workgroup, a group of infant-early childhood mental health providers, advocates, and experts (see Work Group Members). The work group met monthly through September 2022 and reviewed each DC:0-5™ diagnosis to arrive at a consensus on the appropriate DSM-5 and ICD-10 diagnoses to be included in the crosswalk. The work group held several considerations in mind when coming to a consensus decision:

- Whether ICD-10 diagnoses are billable under the Apple Health mental health system
- Best clinical fit between DC:0-5, DSM-5 diagnoses, and ICD-10 diagnoses

The work group also received consultation from other professionals (see list of External Consultants on the following page) for disorders such as Neurodevelopmental Disorders, Sensory Processing Disorders, and Eating, Sleeping, & Crying Disorders.

Work group members actively reviewed other existing DC:0-5™ crosswalks in their considerations prior to reaching a consensus, including the Zero to Three crosswalk (2016), the King County crosswalk (2017), and crosswalks from other states. For more information about other DC:0-5™ Crosswalks, please see Appendix B. Comparison of Crosswalks.

Work Group Members

- *Amanda Russell, MS, LMHC, MHP, CMHS: Clinical Supervisor at Children's Home Society of Washington*
- *Amy Prezbindowski, PhD: Manager of Child and Family Services at Multicare Behavioral Health*
- *Annie Gabriel, LMHC, RPTS: Clinical Supervisor at Lutheran Community Services Northwest*
- *Avery Park: PhD Candidate at University of Washington School of Nursing*
- *Avreyal Jacobson: Children's Mental Health Planner at King County Behavioral Health & Recovery Division*
- *Haruko Watanabe, LMHC, IMH-E: Infant-Early Childhood Mental Health Program Manager at Navos*

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- *Jamie Elzea, MPH, MSW, LICSW, IMH-E: Owner, Nurtureways*
- *Kathryn McCormick, LMFT: Clinical Supervisor at The Tulalip Tribe Betty J. Taylor Early Learning Academy*
- *M. Kristin Price, PhD: Private Practice*
- *Marie Sohl, LMHC: Infant-Early Childhood Mental Health provider at Children’s Place PLLC*
- *Sally McDaniel, LMFT, LMHC, SUDP: Child & Family Manager at Greater Lakes Mental Health Care*
- *Shilo Allen, LMFT: Wraparound with Intensive Services (WiSe) Infant Early Childhood Mental Health Lead Therapist at Childhaven*

External Consultants

- *Amber Persons-Geer, MSW, LSWAIC, LABA, BCaBA: Biobehavioral & Pediatric Feeding Program Manager at the Seattle Children’s Hospital Autism Center*
- *Danielle Dolezal, PhD, BCBA-D: Clinical Supervisor at The Pediatric Feeding Program at the Seattle Children’s Hospital Autism Center*
- *Jessica Greenson, PhD: Director of Clinical Services at the University of Washington Autism Center*
- *Maida Chen, MD: Director of the Pediatric Sleep Center at Seattle Children’s Hospital*
- *Sophie Lu, MN, ARNP: Developmental Pediatric Nurse Practitioner for the Medical Home Partnerships Project (MHPP) and UW Leadership Education in Neurodevelopmental and Related Disabilities (LEND) at the UW Center on Human Development and Disability (CHDD)*
- *Susan Wendel, MS, OTR/L: Occupational Therapist & Training Director for the Clinical Training Unit/UW LEND at the Center on Human Development & Disability*
- *Tracy Kaplan, MS, CCC-SLP, CLC, IECMHS: Speech-Language Pathologist, Feeding Specialist, and Infant-Early Childhood Mental Health Specialist at Kindering*

Appendix B | Comparison of Crosswalks

Introduction

Before HCA published an Apple Health DC:0-5™ Crosswalk, mental health providers using the DC:0-5™ may have used other crosswalks in their practice. In 2016, Zero to Three, the national organization that publishes the DC:0-5™, developed a crosswalk that is included within the DC:0-5™ manual and on their website. King County has developed several crosswalks in response to successive editions of the DC:0-3, DC:0-3R, and DC:0-5 for county use. Mental health providers serving children birth through age five in Washington may have used these crosswalks in the past.

To aid providers in noting any differences, the table below lists each DC:0-5™ diagnosis, which ICD-10 code the interim Apple Health crosswalk connects to, and how this ICD-10 code is the same or different from what is included in the Zero to Three crosswalk.

Why are there differences in the Apple Health and Zero to Three crosswalk?

The Apple Health DC:0-5™ crosswalk may differ from the Zero to Three crosswalk for the following reasons:

- The code used by Zero to Three has been discontinued by the ICD
- The code used by Zero to Three is “non-specific,” and represents a group of diagnoses, rather than a specific diagnosis.
- The workgroup decided that a different code would be a more appropriate fit for the diagnosis
- The code used by Zero to Three did not include all relevant presentations of a particular diagnosis

Which crosswalk should I use?

At this time, there is no requirement for which crosswalk Apple Health providers must use. However, the Apple Health DC:0-5™ Crosswalk was specifically designed to support providers working within the Apple Health system.

DC:0-5™ Crosswalk Comparison Table

DC 0-5™ Disorder	ICD-10 Code(s) Referenced	
	Apple Health Crosswalk	Zero to Three Crosswalk
Autism Spectrum Disorder	F84.0	Same
Early Atypical Autism Spectrum Disorder	F84.8 F84.9	Different ZTT Crosswalk only references F84.9; the workgroup concluded that F84.9 was also an appropriate code.
Attention Deficit/Hyperactivity Disorder	F90.0 F90.1 F90.2 F90.8 F90.9	Different ZTT Crosswalk only references one presentation, F90.1. The workgroup concluded that all presentations may be applicable.
Overactivity Disorder of Toddlerhood	F98.8 F98.9	Different ZTT Crosswalk references F90.1; the workgroup concluded that F98.8 and F98.9 were more appropriate codes.
Global Developmental Delay	F88	Same
Developmental Language Disorder	F80.89 F80.9	Different ZTT Crosswalk only references F80.9; the workgroup concluded that F80.9 was also an appropriate code.
Developmental Coordination Disorder	F82	Same
Other Neurodevelopmental Disorder	F89	Same
Sensory Over-Responsivity Disorder	F88	Same
Sensory Under-Responsivity Disorder	F88	Same
Other Sensory Processing Disorder	F88	Same
Separation Anxiety Disorder	F93.0	Same
Social Anxiety Disorder (Social Phobia)	F40.10 F40.11	Different ZTT crosswalk references F93.2, a discontinued code. The workgroup concluded that F40.10 and F40.11 were both more appropriate codes.
Generalized Anxiety Disorder	F41.1	Same
Selective Mutism	F94.0	Same
Inhibition to Novelty Disorder	F41.8	Same
Other Anxiety Disorder of Infancy/Early Childhood	F41.9	Different ZTT crosswalk references F41.8; the workgroup concluded that F41.9 was a more appropriate code.
Depressive Disorder of Early Childhood	F32.0 F32.1 F32.2	Different ZTT crosswalk references F32, a non-specific code; the workgroup concluded that F32.0, F32.1, and F32.2 were all more specific and appropriate codes.
Disorder of dysregulated anger and aggression of early childhood	F34.89	Different ZTT crosswalk references F34.8, a non-specific code; the workgroup concluded that F34.89 was a more specific and appropriate code.
Other Mood Disorder of Early	F39	Same

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DC 0-5™ Disorder	ICD-10 Code(s) Referenced	
	Apple Health Crosswalk	Zero to Three Crosswalk
Childhood		
Obsessive-Compulsive Disorder	F42.2	Different ZTT crosswalk references F42.1, a discontinued code; the workgroup concluded that F42.2 was a more appropriate code.
Tourette's Disorder	F95.2	Same
Motor or Vocal Tic Disorder	F95.1	Same
Trichotillomania	F63.3	Same
Skin Picking Disorder of Infancy/Early Childhood	F42.4	Different ZTT crosswalk references L98.1; the workgroup concluded that F42.4 was a more appropriate code.
Other Obsessive Compulsive and Related Disorders	F42.8 F42.9	Different ZTT crosswalk only references F42.9; the workgroup concluded that F42.8 and F42.9 were both appropriate codes.
Sleep Onset Disorder	Z73.810 Z73.811 Z73.812	Different ZTT crosswalk references F51.0; the workgroup concluded that Z73.810, Z73.811, and Z73.812 were all more appropriate codes.
Night Waking Disorder	Z73.810 Z73.811 Z73.812	Different ZTT crosswalk references F51.0; the workgroup concluded that Z73.810, Z73.811, and Z73.812 were all more appropriate codes.
Partial Arousal Sleep Disorder	Z73.810 Z73.811 Z73.812	Different ZTT crosswalk references F51.4; the workgroup concluded that Z73.810, Z73.811, and Z73.812 were all more appropriate codes.
Nightmare Disorder of Early Childhood	Z73.810 Z73.811 Z73.812	Different ZTT crosswalk references F51.5; the workgroup concluded that Z73.810, Z73.811, and Z73.812 were all more appropriate codes.
Other Sleep Disorder of Infancy/Early Childhood	Z73.819	Different ZTT crosswalk references F51.8; the workgroup concluded that Z73.810 was a more appropriate code.
Overeating Disorder	F50.89 F50.81	Different ZTT crosswalk references F50.4, a discontinued code; the workgroup concluded that F50.89 and F50.81 were both more appropriate codes.
Undereating Disorder	F50.82	Different ZTT crosswalk references F50.8, a non-specific code; the workgroup concluded that F50.82 was a more specific and appropriate code.
Atypical Eating Disorder: Hoarding	F43.89 F50.9	Different ZTT crosswalk references F98.2, a non-specific code; the workgroup concluded that F43.89 and F50.9 were both more specific and appropriate codes.
Atypical Eating Disorder: Pica	F98.3	Same
Atypical Eating Disorder: Rumination	F98.21	Same
Other Eating Disorder of Infancy/Early Childhood		Different ZTT crosswalk references F50.8, a non-specific code; the workgroup

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DC 0-5™ Disorder	ICD-10 Code(s) Referenced	
	Apple Health Crosswalk	Zero to Three Crosswalk
		concluded that F50.89 was a more specific and appropriate code.
Excessive Crying Disorder	F93.8 F93.9	Different ZTT Crosswalk references R68.11, a code that is only applicable to infants; the workgroup concluded that F93.8 and F93.9 were both more appropriate codes.
Posttraumatic Stress Disorder	F43.10	Same
Adjustment Disorder	F43.20 F43.21 F43.22 F43.23 F43.24 F43.25 F43.29	Different ZTT Crosswalk only references one presentation, F43.20; the workgroup concluded that all presentations may be applicable.
Complicated Grief Disorder of Infancy/ Early Childhood	F43.81	Different ZTT crosswalk references F43.8, a non-specific code; the workgroup concluded that F43.81 was a more specific and appropriate code.
Reactive Attachment Disorder	F94.1	Same
Disinhibited Social Engagement Disorder	F94.2	Same
Other Trauma, Stress, and Deprivation Disorder	F43.0 F43.8 F43.9	Different ZTT Crosswalk only references F43.9; the workgroup concluded that F43.0 and F43.8 were also appropriate codes.
Relationship Specific Disorder of Infancy	Z62.820 Z62.821 Z62.822	Different ZTT Crosswalk only references one variant, Z62.820; the workgroup concluded that all variants may be applicable.

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Appendix C | Diagnoses benefitting from further consultation

The Community-Informed DC:0-5™ Crosswalk Workgroup received consultation from other professionals for disorders such as Neurodevelopmental Disorders, Sensory Processing Disorders, and Eating, Sleeping, & Crying Disorders. Many of these professionals work in specialties beyond community mental health, such as early intervention (i.e., Early Support for Infants and Toddlers) and Centers of Excellence for Autism (see Appendix B for a full list of external consultants).

With the DC:0-5™ being a relatively new tool and recent Apple Health DC:0-5™ Clinical training being provided solely to mental health professionals, there is limited awareness and opportunities for other professionals to access DC:0-5™ training. Further, given the constraints on workforce across disciplines, the workgroup found it difficult to bring together a group of consultants to inform recommendations for all Neurodevelopmental Disorders, Sensory Processing Disorders, and Eating, Sleeping, & Crying Disorders included in the crosswalk.

The current Community-Informed DC:0-5™ Crosswalk reflects recommendations based on the limited consultation received, though further consultation may be warranted to ensure codes reflected in the neurodevelopmental, sensory, and eating/sleeping/crying categories reflect best practices across disciplines. HCA will continue to seek input and consultation to be incorporated in future publications of the crosswalk.