

Apple Health DC:0-5 Crosswalk Community Review Kickoff

October 5, 2023



Welcome from HCA's IECMH team



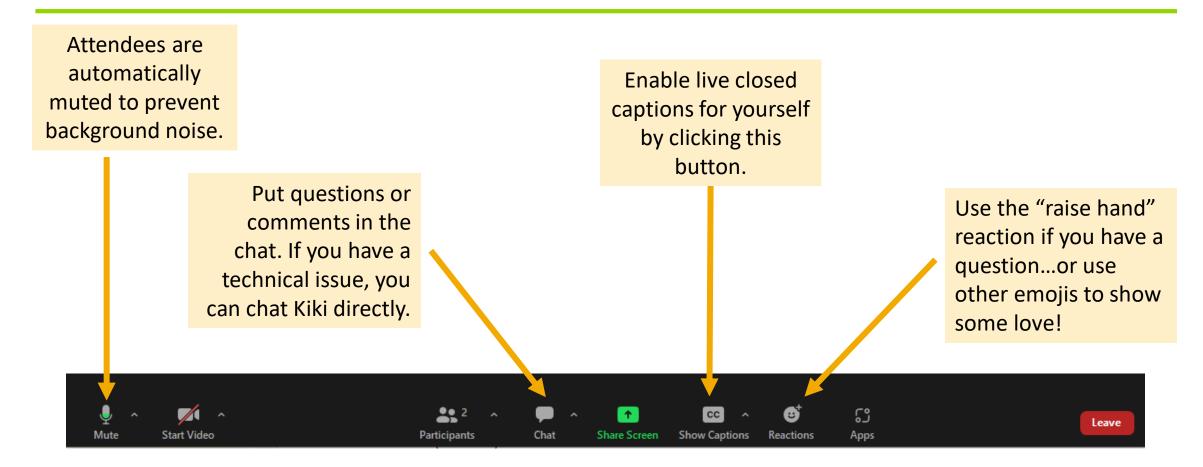
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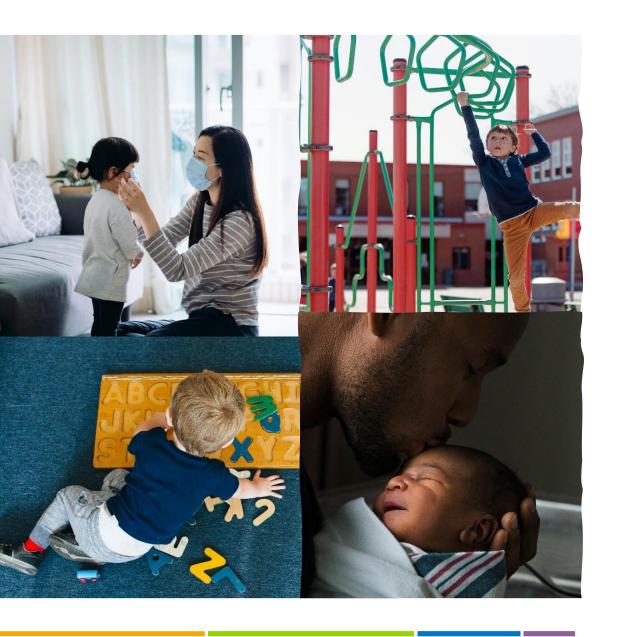
Using Zoom Today





Mental Health Assessment for Young Children





Developmentally appropriate mental health assessment

Work on developmentally appropriate assessment & diagnosis for infants and young children has been ongoing for several years.

Existing classification systems, such as the DSM, do not pay adequate attention to the unique developmental & relational experiences of infants and very young children.



Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)

Starts with understanding multiple aspects of a child's life *from the family's perspective* **BEFORE** diagnosing

Then, look at emotional/behavioral symptoms, with a developmental lens

	Axis 5: Development
	Axis 4: Life Circumstances
ultural &	Axis 3: Medical Conditions
mmunity	Axis 2: Relationships
	Axis 1: Mental Health Disorders

Developmentally specific criteria for mental health disorders

 i.e., depression for a 3-year-old looks different than a 30-yearold

Additional mental health disorders that are specific for in infancy and early childhood

 e.g., Overactivity Disorder of Toddlerhood



Mental Health Assessment for Young Children (MHAYC)

For the purposes of mental health assessment for children birth through 5 years of age, Apple Health will:

Allow reimbursement for:



Multi-session assessments



Provider travel to home & community settings

Require providers to:



Use the DC:0-5™



Statutory Authority

RCW 74.09.520 (2021 c 126 § 2)

Medical assistance—Care and services included—Funding limitations.

WAC 182-531-1400: Psychiatric physician-related services and other professional mental health services



DC:0-5™ requirement





Using the DC:0-5™

Apple Health (Medicaid) mental health professionals conducting a mental health assessment for a child from birth through age 5 are required to use the DC:0-5™.



Understanding the DC:0-5 requirement



HCA interprets that the intent of this legislation is to support the field in moving to the standard and expected use of the DC:0-5™ for children birth through age 5.

- ➤ Current efforts are aimed at building up workforce capacity to support this new legislation through DC:0-5™ training and the Apple Health DC:0-5™ Crosswalk.
- ➤ We anticipate there will be requests for clearer implementation dates and timelines in the future.



Resources to support DC:0-5™



Mental Health Assessment for Young Children

Implemented by Health Care Authority

Supporting sustainability & infrastructure needs for Apple Health IECMH services

Apple Health billing, contracting & other resources to support IECMH providers

Apple Health DC:0-5™ Crosswalk

IECMH Workforce Collaborative

Coordinated by Washington Association for Infant Mental Health

DC:0-5™ Clinical Training for mental health professionals

DC:0-5™ Overview Training for allied professionals

Additional workforce supports to adopt DC:0-5™ & application in practice

Sign up for training at the IECMH WC website



DC:0-5™ in Clinical/Service Records



Per <u>WAC 246-341-0640</u>, individual service records at behavioral health agencies must include an age-appropriate, strengths-based psychosocial assessment, which includes:

- Presenting issue(s);
- An assessment of any risk of harm to self and others, including suicide, homicide, and a history of self-harm and, if the assessment indicates there is such a risk, a referral for provision of emergency/crisis services;
- Treatment recommendations or recommendations for additional program-specific assessment; and
- A diagnostic assessment statement, including sufficient information to determine a diagnosis supported by the current and applicable *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) or *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0-5)

Official allowance of the DC:0-5 per this WAC goes into effect May 1, 2023. DOH released a policy statement to allow DC:0-5 per this WAC beginning September 1, 2022.



DC:0-5™ crosswalk



DC:0-5™ Crosswalk



A DC: 0-5™ crosswalk is a reference tool for clinicians that helps to convert DC: 0-5™ diagnoses to associated ICD-10 diagnostic codes and DSM-5 diagnoses.

 CMS requires an ICD code for service reimbursement.

Centers for
Medicare and
Medicaid Services

 Some behavioral health electronic record systems use DSM diagnoses for documentation

Electronic Record Systems



Note: While the DC: 0–5[™] manual includes a sample crosswalk, it is not updated on a regular basis.



How to use the DC:0-5™ Crosswalk



DC:0-5™

DSM Diagnosis

ICD Classification



Identify DC:0-5 Axis I Clinical Disorder

Look up appropriate code(s)

Anxiety Disorders





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

January 2022

Published interim Apple Health DC0-5™ Crosswalk

- Based on crosswalk from Zero To Three
- Changes to align with current coding standards to ensure reimbursable

February – September 2022

IECMH providers and experts Received consultation from other professional disciplines

• Best clinical fit and billable ICD-10 diagnoses under the Apple Health mental health system

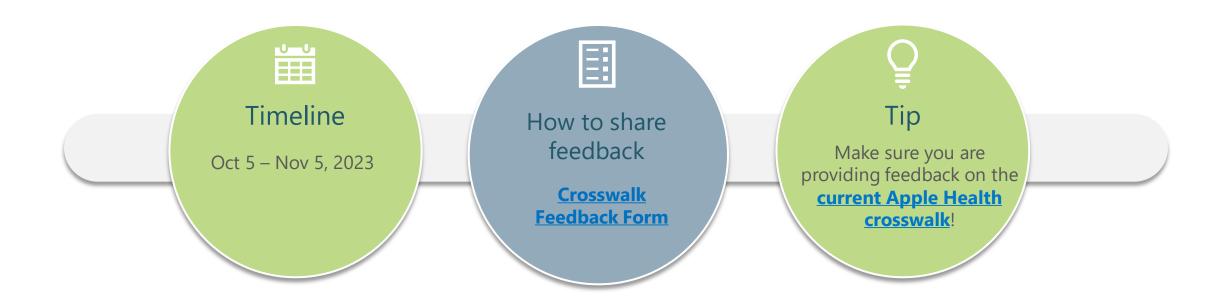
Annually

HCA will publish updated crosswalk to ensure remains aligned and current

- Review input from Crosswalk Feedback Form
- Review current coding standards



Feedback process for the 2024 Crosswalk





Proposed updates from HCA



New ICD-10 codes for Relationship Specific Disorder

- ▶ Proposed change: Add new ICD-10 parent-child conflict to crosswalk to the DC:0-5 diagnosis Relationship Specific Disorder
- ▶ Reason for change: new codes added to the FY2024 ICD-10-CM

DC:0 – 5™ 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 Parent-adopted child conflict Parent-foster child conflict Parent-step child conflict Non-parental relative (grandparent, kinship, other relative) -child conflict Non-relative guardian-child conflict	Z62.820 Z62.821 Z62.822 <u>Z62.823</u> <u>Z62.831</u>	



CSV version of crosswalk

- ▶ Proposed change: add a downloadable CSV version of the crosswalk
- ▶ Reason for change: provider feedback that a CSV file would allow for easier integration into electronic health records

А	В	С	D	E	F
dc05_disorder	dc05_code	dsm_diagnosis	icd9_code	icd10_diagnosis	icd10_code
Separation Anxiety Disorder	30.1	Separation Anxiety Disorder	309.21	Separation Anxiety Disorder of Childhood	F93.0
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



Additional areas for input



Using 'umbrella' codes

Area for feedback: Would it be helpful to list the 'umbrella code' (i.e., non-specific code) for diagnoses in which all types of that diagnosis could apply, instead of listing the codes for each specific type?

DC:0 – 5™ Axis I Clinical Disorder		DSM Diagnosis		ICD Classification	
Depressive Disorder of Early Childhood	40.1	Major depressive disorder, all types* Major depressive disorder, Mild Major depressive disorder, Moderate Major depressive disorder, Severe	296.2 X* 296.2 296.22 296.23	Major Depressive Disorder, all types* Major Depressive Disorder, Single Episode, Mild Major Depressive Disorder, Single Episode, Moderate Major Depressive Disorder, Single Episode, Severe	F32.X* F32.0 F32.1

Would also apply to:

- ADHD
- Social Anxiety Disorder
- Sleep Disorders
- PTSD
- Adjustment Disorder
- Relationship Specific Disorder



DSM-5/ICD-9 codes

▶ Area for feedback: Is it helpful to include ICD-9 codes alongside DSM-5 diagnoses?

DC:0 – 5™ Axis I Clinical Disorder DSM Diagnosis		\bigcap	ICD Classification		
Obsessive-Compulsive Disorder	50.1	Obsessive-Compulsive Disorder	300.3	Nixed 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



Diagnoses benefitting from further consultation

- Neurodevelopmental Disorders
- Sensory Processing Disorders
- Sleep Disorders
- Eating Disorders
- Crying Disorders



Want to learn more from HCA?



Visit our websites

Infant-early childhood mental health

Mental Health Assessment for Young Children



Recordings, slides, and other resources under **How Do I Bill?** on our MHAYC website

Email us!

<u>Kiki.fabian@hca.wa.gov</u> <u>Christine.cole@hca.wa.gov</u>

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