Infant and Early Childhood Mental Health Toolkit

Georgia DC:0-5™ Crosswalk and Case Studies

Version 09.12.2022

This document is part of the Infant and Early Childhood Mental Health (IECMH) Toolkit for behavioral health practitioners. It was developed by the Georgia IECMH Taskforce's Policy and Finance Workgroup to support the delivery of IECMH services in the state. Questions about this document or the IECMH Toolkit can be directed to the Georgia Association for Infant Mental Health (GA-AIMH) at aimh@gsu.edu.

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Note: This crosswalk was adapted from the *Crosswalk from DC:0-5 to DSM-5 and ICD-10* created by ZERO TO THREE.

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Georgia Crosswalk of DC:0-5 Disorders with DSM-5 and ICD-10

What is the DC:0-5?

The DC:0-5 is a diagnostic classification manual for mental health and developmental disorders of infancy and early childhood. The manual supports clinicians in the diagnosis of these disorders in young children through a systematic and multiaxial approach to diagnosis. The DC:0-5 covers eight categories of disorders with 42 possible diagnoses for mental health and developmental disorders of infancy and early childhood. Each disorder includes a diagnostic algorithm, diagnostic features, and other information to support appropriate diagnosis. The multiaxial approach includes assessment tools and criteria across five axes.

DC:0-5 Multiaxial Approach to Diagnosis of Infants and Young Children
Axis I: Clinical Disorders
Axis II: Relational Context
Axis III: Physical Health Conditions and Considerations
Axis IV: Psychosocial Stressors
Axis V: Developmental Competence

How do you use the DC:0-5 Crosswalk?

After a clinician has appropriately used the tools in the DC:0-5 manual to assess and diagnose a young child, they can use the DC:0-5 crosswalk to map that diagnosis to common classification systems used for billing and reimbursement of services, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Statistical Classification of Diseases (ICD-10). The DC:0-5 crosswalk offers clinicians an easy way to map a DC:0-5 diagnosis to the comparable DSM-5 diagnosis and ICD-10 diagnosis code (e.g., F codes). This mapping to common classification systems is important because these codes are often used for billing purposes to bill for and receive payment for services delivered.

The following crosswalk can be used to assist clinicians working with children 0-5 years by providing a pathway to map DC:0-5 diagnoses onto comparable DSM-5 and ICD-10 diagnostic codes. This tool can be used in conjunction with the accompanying case studies, which walk through examples of using the DC:0-5 multiaxial approach to appropriately diagnose young children experiencing symptoms within the Trauma, Stress, and Deprivation Disorders category.

Note for Medicaid practitioners: Medicaid and its related care management organizations (CMOs) require ICD-10 diagnosis codes for billing and claims. This crosswalk maps a DC:0-5 diagnosis to the appropriate ICD-10 diagnosis code.

Next Steps for Georgia Practitioners

Utilizing the DC:0-5 manual is the best practice for diagnosing young children with mental health and developmental disorders. Using the DC:0-5 crosswalk allows clinicians to appropriately map these diagnoses with existing DSM-5 and ICD-10 diagnosis codes to allow for billing of behavioral health services. For more information on the DC:0-5 manual, visit Zero to Three. For trainings available to Georgia practitioners, visit the Georgia Association for Infant Mental Health (GA-AIMH) website or email GA-AIMH at aimh@gsu.edu.

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Georgia DC:0-5 Crosswalk: Currently Available Diagnosis Codes in Georgia

Neurodevelopmental Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Autism Spectrum Disorder	Autism Spectrum Disorder	Childhood Autism	F84.0
Early Atypical Autism Spectrum Disorder*	Other Specified Neurodevelopmental Disorder	Pervasive Developmental Disorder, Unspecified	F84.9*
Attention Deficit/Hyperactivity Disorder	Attention Deficit/Hyperactivity Disorder	Attention-Deficit Hyperactivity Disorder Predominantly Inattentive Presentation	F90.0
		Attention-Deficit Hyperactivity Disorder Predominantly Combined Presentation	F90.2
		Other Specified Attention-Deficit/Hyperactivity Disorder	F90.8
		Unspecified Attention-Deficit/Hyperactivity Disorder	F90.9
Overactivity Disorder of Toddlerhood	Attention Deficit/Hyperactivity Disorder, predominantly hyperactive-impulsive presentation	Attention-Deficit/Hyperactivity Disorder Predominantly hyperactive/impulsive presentation	F90.1
Global Developmental Delay	Global Developmental Delay	Global Developmental Delay	F88
Developmental Language Disorder*	Language Disorder	Developmental Disorder of Speech and Language, Unspecified	F80.9*
Developmental Coordination Disorder*	Developmental Coordination Disorder	Specific Developmental Disorder of Motor Function (Developmental Coordination Disorder)	F82*
Other Neurodevelopmental Disorder	Unspecified Neurodevelopmental Disorder	Unspecified Neurodevelopmental Disorder	F89

*Disorder currently is not included in Georgia's *DBHDD Provider Manual*.

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Sensory Processing Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Sensory Over-Responsivity Disorder	Other Specified Neurodevelopmental Disorder	Other Disorders of Psychological Development	F88
Sensory Under-Responsivity Disorder	Other Specified Neurodevelopmental Disorder	Other Disorders of Psychological Development	F88
Other Sensory Processing Disorder	Other Specified Neurodevelopmental Disorder	Other Disorders of Psychological Development	F88

Anxiety Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Separation Anxiety Disorder	Separation Anxiety Disorder	Separation Anxiety Disorder of Childhood	F93.0
Social Anxiety Disorder (Social Phobia)*	Social Anxiety Disorder	(Social Phobia) Social Anxiety Disorder of Childhood	F93.2*
Generalized Anxiety Disorder	Generalized Anxiety Disorder	Generalized Anxiety Disorder	F41.1
Selective Mutism	Selective Mutism	Selective Mutism	F94.0
Inhibition to Novelty Disorder	Other Specified Anxiety Disorder	Other Specified Anxiety Disorder	F41.8
Other Anxiety Disorder of Infancy/Early Childhood	Other Specified Anxiety Disorder	Other Specified Anxiety Disorder	F41.8

*Disorder currently is not included in Georgia's *DBHDD Provider Manual*.

Mood Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Depressive Disorder of Early Childhood	Major Depressive Disorder	Major Depressive Disorder, Single Episode -Mild	F32.0
		Major Depressive Disorder, Single Episode -Moderate	F32.1
		Major Depressive Disorder, Single Episode -Severe	F32.2
Disorder of Dysregulated Anger and Aggression of Early Childhood	Disruptive Mood Dysregulation Disorder	Other Persistent Mood Disorders	F34.8
Other Mood Disorder of Early Childhood	Unspecified Depressive Disorder	Unspecified Mood Disorder	F39

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Obsessive-Compulsive Disorder and Related Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Obsessive-Compulsive Disorder	Obsessive-Compulsive Disorder	Obsessive-Compulsive Disorder	F42
Tourette's Disorder*	Tourette's Disorder	Tourette's Disorder	F95.2*
Motor or Vocal Tic Disorder*	Persistent (Chronic) Motor or Vocal Tic Disorder	Chronic Motor or Vocal Tic Disorder	F95.1*
Trichotillomania	Trichotillomania	Trichotillomania	F63.3
Skin Picking Disorder of Infancy/Early Childhood	Excoriation (Skin-Picking) Disorder	Factitial Dermatitis, Neurotic Excoriation	L98.1
Other Obsessive Compulsive and Related Disorders	Unspecified Obsessive-Compulsive and Related Disorder	Obsessive-Compulsive Disorder, Other	F42

*Disorder currently is not included in Georgia's *DBHDD Provider Manual*.

Sleep, Eating, and Crying Disorders

Sleep Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Sleep Onset Disorder	Insomnia Disorder	Nonorganic Insomnia	F51.01
Night Waking Disorder	Insomnia Disorder	Nonorganic Insomnia	F51.01
Partial Arousal Sleep Disorder	Non-Rapid Eye Movement Sleep Arousal Disorders - Sleep terror type	Sleep Terrors	F51.4
Nightmare Disorder of Early Childhood	Nightmare Disorder	Nightmares	F51.5

Eating Disorders of Infancy/Early Childhood

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Overeating Disorder	Unspecified Feeding or Eating Disorder	Unspecified Feeding or Eating Disorder	F50.9
Undereating Disorder	Unspecified Feeding or Eating Disorder	Other Eating Disorders	F50.8
Pica	Pica in Children	Pica of Infancy and Childhood	F98.3
Rumination	Rumination Disorder	Rumination Disorder of Infancy	F98.21
Hoarding*	Other Specified Feeding and Eating Disorder	Feeding Disorders of Infancy and Early Childhood	F98.2*

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Crying Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Excessive Crying Disorder*	None listed	Nonspecific Symptoms Peculiar to Infancy (Excessive Crying in Infants)	R68.1*

*Disorder currently is not included in Georgia's *DBHDD Provider Manual*.

Other Sleep, Eating, and Excessive Crying Disorder of Infancy/Early Childhood

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Other Feeding-Related Disorder	Other Specified Feeding or Eating Disorder	Other Eating Disorders	F50.8
Other Sleep-Related Disorder*	Other Specified Sleep-Wake Disorder	Other Nonorganic Sleep Disorders	F51.8*
Other Crying-Related Disorder*	None listed	Nonspecific Symptoms Peculiar to Infancy (Excessive Crying in Infants)	R68.11*

*Disorder currently is not included in Georgia's *DBHDD Provider Manual*.

Trauma, Stress, and Deprivation Disorders

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder for Children 6 Years and Younger	Posttraumatic Stress Disorder	F43.10
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder - Unspecified	F43.20
		Adjustment Disorder with Depressed Mood, Persistent	F43.21
		Adjustment Disorder with Anxiety	F43.22
		Adjustment Disorder with Mixed Anxiety and Depressed Mood	F43.23
		Adjustment Disorder with Disturbance of Conduct	F43.24
		Adjustment Disorder with Mixed Disturbance of Emotions and Conduct	F43.25
Complicated Grief Disorder	Other Specified Trauma- and Stressor-Related Disorder (Persistent Complex Bereavement Disorder)	Other Reactions to Severe Stress	F43.8

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Trauma, Stress, and Deprivation Disorders (continued)

DC:0-5	DSM-5	ICD-10	ICD-10 Code
Reactive Attachment Disorder	Reactive Attachment Disorder	Reactive Attachment Disorder	F94.1
Disinhibited Social Engagement Disorder	Disinhibited Social Engagement Disorder	Disinhibited Attachment Disorder of Childhood	F94.2
Other Trauma, Stress, and Deprivation Disorder	Unspecified Trauma- and Stressor-Related Disorder	Reaction to Severe Stress, Unspecified	F43.9

Relationship Disorders

<table>
<tr><th>DC:0-5</th><th>DSM-5</th><th>ICD-10</th><th>ICD-10 Code</th></tr>
<tr><td rowspan="7">Relationship Specific Disorder of Infancy/Early Childhood*</td><td rowspan="7">Parent-Child Relational Problem</td><td>Other Specified Problems Related to Upbringing</td><td>Z62.820*</td></tr>
<tr><td>Other Specified Problems Related to Primary Support Group</td><td>Z63.8*</td></tr>
<tr><td>History of Physical Abuse and/or Sexual Abuse in Childhood</td><td>Z62.810*</td></tr>
<tr><td>History of Psychological Abuse in Childhood</td><td>Z62.811*</td></tr>
<tr><td>History of Neglect in Childhood</td><td>Z62.812*</td></tr>
<tr><td>Encounter for Mental Health Services for Victim of Parental Child Abuse</td><td>Z69.010*</td></tr>
<tr><td>Encounter for Mental Health Services for Victim of Non-Parental Child Abuse</td><td>Z69.020*</td></tr>
</table>

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DC:0-5 Crosswalk Case Studies

The following two case studies highlight how a clinician might use the DC:0-5 manual and crosswalk in their practice.

Example Case Study A

Diagnosing Complicated Grief Disorder of Infancy/Early Childhood with the DC:0-5

Case Presentation

In this example case study, a behavioral health practitioner is presented with the following client: 20-month-old child whose mother died three months prior. Since their mother's death, the child has been difficult to console and persistently cries for "Mommy." They are also displaying strong emotional reactions to separation of any kind, including breakdowns when dad leaves the child with other caregivers. Preoccupation with separation is making it difficult for child to engage in typical developmentally appropriate activities, such as exploring their environment and playing with toys. The child's distress is impacting daily life for dad and the child. The child refuses to eat meals with other caregivers, which makes it difficult for dad to get to work on time. Dad is struggling with his own depressive symptoms and he is starting to feel like he will not be able to care for the child on his own if the separation and behavioral problems persist. Symptoms have been consistently present for the past three months.

Behavioral Health and Diagnostic Assessments with the DC:0-5

After being presented with this child's case, the clinician begins their assessment, diagnosis, and formulation process to appropriately diagnose and understand the full context of the child and their situation. Using the DC:0-5 manual, the clinician utilizes the multiaxial approach. First, they consider and rule out any physical health conditions that might be leading to the child's behaviors (Physical Axis). Then, using the tools provided through their DC:0-5 training and the DC:0-5 manual, they asses the child and their family's psychosocial stressors. This includes considering factors like the mother's recent passing, dad's employment, their housing situation, or any other social factors that may be leading to stress in the child (Psychosocial Axis). The clinician then assesses the child's developmental milestones to understand the child's competence within several domains of childhood development (Developmental Axis). Continuing with the multiaxial approach, the clinician then assesses the child's relationship with their primary caregiver (in this case the dad) and any other important caregiver relationships in the child's life (Relational Axis). Finally, after taking in the full context of the child's physical, social, developmental, and relational environments, the clinician begins reviewing potential clinical disorders that may explain the child's behaviors (Clinical Disorders Axis).

Assessment Outcome: Diagnosis of Complicated Grief Disorder in Infancy/Early Childhood

After completing the assessment process using the tools from the clinician's DC:0-5 training and the DC:0-5 manual, the clinician diagnoses the child with complicated grief disorder in infancy/early childhood. The child meets the criteria outlined in the diagnostic algorithm (see Axis I - Clinical Disorders: Trauma, Stress, and Deprivation Disorders). The diagnostic features of this disorder are age appropriate and match the child's duration of symptoms. The clinician is also careful to rule out any differential diagnoses and comorbidities. Working with the dad and child, the clinician prepares a treatment plan involving an evidence-based dyadic treatment for children impacted by a trauma, such as child-parent psychotherapy.

Note: This crosswalk was adapted from the *Crosswalk from DC:0-5 to DSM-5 and ICD-10* created by ZERO TO THREE.

Next Steps: Using the DC:0-5 Crosswalk in Case Study A

After completing the behavioral and diagnostic assessments, the clinician identifies a billing pathway that allows for reimbursement for the evidence-based dyadic treatment services. They identify allowable CPT codes for billing in Georgia that align with their level of licensure and the services to be provided.

Next, using the DC:0-5 crosswalk, they find the DC:0-5 diagnosis of *Complicated Grief Disorder of Infancy/Early Childhood*. This DC:0-5 diagnosis maps to the DSM-5 disorder of *Other Specified Trauma- and Stressor-Related Disorder (Persistent Complex Bereavement Disorder)* and the ICD-10 diagnosis code *F43.8: Other Reactions to Severe Stress*. **Now as the clinician bills for services, they can use ICD-10 diagnosis code F43.8 in conjunction with the appropriate CPT codes for the services they deliver.**

Note for Medicaid and private insurance billing: Medicaid, its related CMOs, and most private insurers require ICD-10 diagnosis codes for billing and claims. Practitioners can use the DC:0-5 crosswalk to map a DC:0-5 diagnosis to the appropriate ICD-10 diagnosis code to submit for billing and claims.

Example Case Study B

Diagnosing Posttraumatic Stress Disorder with the DC:0-5

Case Presentation

In this example case study, a behavioral health practitioner is presented with the following client: 37-month-old child has been referred to the practitioner by the Georgia Division of Family and Children Services (DFCS). The child witnessed domestic violence against their biological mother and was subsequently removed from their home and placed in foster care. Since this adjustment, they have been exhibiting aggressive behaviors at school and in their foster home. Both the teacher and the foster mother report that the child frequently throws severe temper tantrums, in which they bang their head against furniture, throw objects at children and adults around them, and often need to be restrained to avoid self-harm or harming others. They are withdrawn from other children, such that they prefer to play alone at recess and during structured play time. The child gets upset and fearful at bedtime and wakes up several times throughout the night with intense nightmares, and they re-enact violent scenes with dolls at home and school. The child's aggressive behaviors and lack of sleep are preventing them from bonding with their foster parents and from learning at school. The behaviors are persistent and worsening over the past two months since being removed from their home.

Behavioral Health and Diagnostic Assessments with the DC:0-5

After being presented with this child's case, the clinician begins their assessment, diagnosis, and formulation process to appropriately diagnose and understand the full context of the child's experiences at home and school. Using the DC:0-5 manual, the clinician utilizes the multiaxial approach. First, they consider and rule out any physical health conditions that might be leading to the child's behaviors (Physical Axis). Then, using the tools provided through their DC:0-5 training and the DC:0-5 manual, they assess the child's situation. They consider the traumatic experiences the child has faced, including witnessing domestic violence and being removed from their home, as well as having a hard time

adjusting to their new foster home and regressing at school (Psychosocial Axis). The clinician then assesses the child's developmental milestones to understand the child's competence within several domains of childhood development (Developmental Axis). The clinician is unable to assess the child's relationship with their biological mother and father at the time, but they assess the child's relationship with their foster parents and their teacher (Relational Axis). Finally, after taking in the full context of the child's physical, social, developmental, and relational environments, the clinician begins reviewing potential clinical disorders that may explain the child's behaviors (Clinical Disorders Axis).

Assessment Outcome: Diagnosis of Posttraumatic Stress Disorder

After completing the assessment process using the tools from the clinician's DC:0-5 training and the DC:0-5 manual, the clinician diagnoses the child with posttraumatic stress disorder. The child meets the criteria outlined in the diagnostic algorithm (see Axis I - Clinical Disorders: Trauma, Stress, and Deprivation Disorders). The diagnostic features of this disorder are age appropriate and match the child's duration of symptoms. The clinician is also careful to rule out any differential diagnoses and comorbidities. Working with the foster parents, biological mother, teacher, DFCS case worker, and the child, the clinician prepares a treatment plan. The plan includes working with the foster parents, biological mother, and teacher to implement guided self-soothing exercises to use with the child at home and school when the child gets frustrated and begins showing aggressive behaviors. Additionally, the plan includes an evidence-based dyadic treatment for children impacted by a trauma, such as child-parent psychotherapy, to be implemented with the foster mom, biological mom, and child. Finally, the clinician works with the DFCS case worker and foster parents to identify a reunification plan and supports the process as the child is safely reintroduced into the home with their biological mother.

Next Steps: Using the DC:0-5 Crosswalk in Case Study B

After completing the behavioral and diagnostic assessments, the clinician identifies a billing pathway that allows for reimbursement for the evidence-based dyadic treatment services and rehabilitative services. They identify allowable CPT codes for billing in Georgia that align with their level of licensure and the services to be provided.

Next, using the DC:0-5 crosswalk, they identify the DC:0-5 diagnosis *Posttraumatic Stress Disorder*. This maps to the DSM-5 disorder *Posttraumatic Stress Disorder for Children 6 Years and Younger* and the ICD-10 diagnosis code *F43.10 Posttraumatic Stress Disorder*. **Now as the clinician bills for services, they can use ICD-10 diagnosis code F43.10 in conjunction with the appropriate CPT codes for the services they deliver.**

Note for Medicaid and private insurance billing: Medicaid, its related CMOs, and most private insurers require ICD-10 diagnosis codes for billing and claims. Practitioners can use the DC:0-5 crosswalk to map a DC:0-5 diagnosis to the appropriate ICD-10 diagnosis code to submit for billing and claims.

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