Infant and Early Childhood Mental Health Toolkit

Billing Guide for Infant and Early Childhood Mental Health Services: Prevention Direct Services

Version 12.5.2024

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.

Introduction to Infant and Early Childhood Mental Health

Infant and Early Childhood Mental Health (IECMH) is "the developing capacity of the child from birth to five years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; explore the environment and learn—all in the context of family, community, and culture."[1] Very young children rely on behaviors and nonverbal communication to express themselves, especially those who are not yet talking or are still developing verbal communication. Children as young as infants can show signs of mental health concerns, including behaviors persistent and severe enough to be diagnosed as a social-emotional disorder. Working closely with the family, a specialized behavioral health practitioner can help with early identification of these disorders. As a best practice, physical health or medical causes are ruled out as a first step in an IECMH assessment. Next, these behavioral health practitioners use specialized knowledge of typical developmental milestones alongside an expert assessment of a child's behaviors or responses. Following these steps allows clinicians to determine if concerns rise to the level of being persistent, pervasive, and intense and out of sync with developmental expectations. When concerns are identified early, treatment can begin using specialized interventions proven effective for young children ages 0–6 a-p.[2]

Infant and Early Childhood Mental Health (IECMH) is "the developing capacity of the child from birth to five years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; explore the environment and learn—all in the context of family, community, and culture."[1]

This guide is intended to support behavioral health clinicians and practitioners using Prevention Direct Services. It describes what Prevention Direct Services are, the service interventions that contribute to prevention of new or worsening mental health conditions, and CPT codes available for billing for those services. This guide is intended to support behavioral health clinicians and practitioners in billing for services when providing direct prevention services to young children and their families.

A Note on Insurance Coverage and Billing

Health insurance is a critical access point for families to be able to seek out, receive, and pay for health services in the U.S. health care system. While a behavioral health practitioner may be trained to provide certain services, if the family cannot get those services paid for by their health insurance plan, they may not be able to afford the cost of the direct services on their own. For this reason, considering a child and family's insurance coverage and how to properly bill for services through that coverage is an important step in helping these families access the services they need.

In Georgia, about 41 percent of all children are covered by Medicaid or the Children's Health Insurance Program (CHIP), public health coverage plans for low-income families or families with specific health needs. Children are covered through two primary Medicaid models, 1) Managed Care; or 2) Fee-for-Service reimbursement outside of managed care models. Most Georgia Medicaid children are covered via CHIP and are in managed care plans. This guide will be useful for practitioners billing any type of insurance but has been specifically crafted to support those practitioners working with young children and families on Georgia's Medicaid managed care plans. In addition to Georgia Medicaid and CHIP, other children may be covered by private insurance plans. Each of these coverage types has different requirements to bill for services. Variations might include the codes allowed by the insurer, the amount of each service they will allow within a given timeframe, or whether prior approval is needed before providing that service in order to receive payment. While

[1] ZERO TO THREE. Definition of Infant and Early Childhood Mental Health (IECMH). For more information on IECMH and ZERO TO THREE, visit https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/

[2] Excerpt from Georgia IECMH Brief, *"Prioritizing the Mental Health of Infant and Toddlers in Georgia: Why It's Important and What Comes Next."*

each coverage plan is different, the set of services are the same. This guide is intended to provide information on those services and common CPT codes associated with them. It is crafted particularly to support practitioners billing Georgia Medicaid managed care. Those working with a small percentage of young children on Medicaid Fee-for-Service may need additional resources to appropriately bill for services through that program.

Infant and Early Childhood Mental Health Prevention Direct Services

Infant and Early Childhood Mental Health (IECMH) Prevention Direct Service is an evidence-based, prevention-focused approach that indirectly supports young children's social and emotional health by working with caregivers in their lives. This approach pairs a mental health professional with adults who care for infants and young children in various settings including early learning centers, home visiting, primary care, child welfare institutions, and shelters. Services offered can include skilled observation, individualized strategies, and early identification of mental health challenges. Recognized by the Association of Maternal and Child Health Programs (AMCHP) as a best practice, IECMH Prevention Direct Services involves highly trained licensed or master level professionals who understand and have specialized knowledge in IECMH. These professionals can have specialized knowledge in child development and infant and early childhood mental health. IECMH Prevention Direct Service Professionals provide the majority of benefit by working with the caregivers to build their ability to support the children's emotional and social growth before formal interventions are needed. IECMH Prevention Direct Service professionals use their clinical skills, mental health expertise, and knowledge of effective strategies to address specific needs in collaboration with caregivers.

Integrating Child-Specific Prevention Direct Services in the Classroom

- Collaborate with program staff and family to build positive relationships that positively influence the child's classroom and home climates
- Incorporate specific family culture and primary language into classrooms and homes to build continuity in learning experiences
- With the focus on the child, benefits the supporting caregiver through offering knowledge, behavior support skills, and trauma-informed approaches to maintain the child in this learning/caregiving environment.

Integrating Child-Specific Prevention Services in the Home

- Focus on single child in home setting
- Work with team of family members to coordinate, communicate and connect with child care staff and other service and resource providers
- Develop age-appropriate strategies to enhance social-emotional development and mental health
- With the focus on the child, benefits the parent/caregiver through offering attachment/relational skills and trauma-informed approaches to maintain the child in their home and strengthen the caregiver-child

Research indicates that IECMH Prevention Direct Services improve children's social-emotional wellbeing. Specifically, children show increased social-emotional competency and reduced challenging behaviors such as hyperactivity, defiance, and aggression. The supporting adults in the child's life receiving Prevention Direct Services show enhanced knowledge and attitudes towards social-emotional development and improved self-efficacy in managing challenging behaviors. Research also shows that 9.5% -14.2% of children ages birth to 5 experience emotional or behavioral disturbances, which is the same rate as school age children (Cohen et al., 2023). Additionally, 64% of adults report experiencing Adverse Childhood Experiences (ACEs) before the age of 18 (CDC.gov, 2024). Exposure to ACEs in early

childhood can affect the development of a child and lead to poor health outcomes. Preventing ACEs can prevent behavioral difficulties, substance abuse, violence, and suicidality in the long term.

Example Prevention Direct Services Model:

In this billing guide, we use a case study as an example model of Prevention Direct Services. The elements of IECMH Prevention Direct Services are broken down to include typical services used in the model such as assessment, service plan development, and family skills training, among others. Each element includes available codes for that service and notes about how other factors might impact which billing code is used.

Case Study:

A 48-month-old male has been in foster care with his maternal grandmother (MGM) for over a year. He has a history of abandonment, abuse/neglect, and Child Maltreatment Syndrome; his biological mother has a history of possible mental health issues; and his biological father has a history of parental incarceration. The grandmother received multiple calls from the early learning center due to excessive crying and violent tantrums. The child also often bites and hits other children and frequently struggles with following directions from teachers. The grandmother has experienced similar behavioral issues at home and is seeking support in order to continue caring for the child.

When the grandmother reaches out for assistance from a counseling center with a prevention professional, she will be assisted with and connected to the following clinical resources:

Behavioral Health and Nursing Assessments and Planning:

Behavioral Health and Diagnostic Assessments determine the areas of need and guide the development of targeted interventions. This can be done utilizing the DC 0-5 diagnostic classification manual. For instance, in the above case study the child has a history of abandonment, abuse/neglect, and Child Maltreatment Syndrome. Given this, the prevention professional can tailor strategies to address these specific issues.

Nursing Assessments and Health Services: A nurse may also provide assessments and recommend interventions to observe, monitor and care for the physical, nutritional, behavioral health and related issues, and any other health problems manifested in support of the infant/toddler's wellness plan. The family may also be advised and supported by a nurse to help coordinate care with other health professionals and ensure that any medical issues are addressed in conjunction with behavioral interventions.

Service Plan Development: After the child has been assessed and determined to have a mental health need, an IECMH Prevention Direct Services professional meets with the family and teacher/childcare provider to develop strategies and create a plan tailored to the child's needs. This may include revising classroom routines and teaching behavior management strategies to the childcare provider. Ongoing training and support are provided to the family and teacher/childcare staff as indicated in this service plan. This might include reflective supervision, feedback on classroom strategies, and adjustments to the initial plan. The IECMH Prevention Direct Service professional can also provide coaching to the childcare provider and teacher to help them recognize behavioral triggers for the child and make the caregivers aware of how to support coping skills and co-regulation strategies.

Family Skills Training:

IECMH Prevention Direct Services are child-centered and family-driven, involving collaboration with families and/or program or other setting staff to understand and respond effectively to an infant's, young child's, or caregiver's mental health needs, behavioral difficulties, and/or developmental challenges. These prevention professionals partner respectfully with families and staff to understand the context and nature of a particular family's life to enhance the infant's or young child's and family's well-being.

Family Skills Training can provide training on emotional/social developmental stages and expectations, parenting training for promotion of wellness and resilience, advancing relational health, and adaptive behaviors and skills.

In the provided example, they would offer one-on-one coaching and feedback to the grandmother, modeling effective techniques and helping parents implement new strategies. The grandmother will be involved in setting developmental goals for her grandchild, ensuring that interventions are tailored to their unique needs and values. This comprehensive approach helps families develop the skills and confidence needed to create a supportive environment for their child's well-being.

Examples of Prevention Direct Services Family Skills Training:

- Understanding young children including behavior and coping skills
- Building Self-Esteem in the early years
- Communicating with young children
- Effective Discipline
- Understanding and nurturing emotional and social development, including attachment and relational skills

Individual and Family Therapy:

If the child's behaviors are not improving with the provided family skills training, the IECMH Prevention Direct Services professional may recommend targeted or specialized therapy. The Prevention Direct Service professional will then collaborate with the family and therapists by sharing insights from their observations of the child and then supportive counseling to promote resiliency, understand and modify behavior, and develop or restore healthy interactions between and among the family for the child's benefit.

Community Supports (including Collateral Contacts)

Community Supports (which provides coordination, collaboration, environmental support, and resource coordination) can be offered as a tool engaged as a support to the child's resiliency planning and can include engagement with collateral contacts to promote meeting the child's needs. The goal of Community Support is to promote stability and build towards age-appropriate functioning in their daily environment, which for an infant/toddler is generally in their childcare/learning facility or in their own home. Community Support includes the delivery of assistance in enhancing the young child's social and emotional coping skills as well as coordination of services and resources.

As defined by the Department of Behavioral Health and Developmental Disabilities (DBHDD) provider manual; collateral contacts are either 1) communication, on behalf of the child, with a source of information that is knowledgeable about the 's situation and serves to support, clarify, expound on, or corroborate information provided by the individual or 2) contacts which are not face-to-face with the child. With appropriate releases and permissions from the individual, communication with a collateral contact may be made in person or over the telephone. Collateral contacts include, but are not limited to:

- Family members/close friends/natural supporters;
- School teachers/officials;
- Neighbors;
- Landlords;
- Medical professionals;
- Law Enforcement/Community Supervision Officers;
- Other agencies/community resources/treatment providers. [3]

Examples of Prevention Direct Services Collateral Contact:

- Providing a working framework of trauma-informed care, which includes strategies to address challenging behaviors of young children in the classroom and home.
- Developing skills necessary for age-appropriate functioning in school, with peers, family, and caring supporters.
- Building rapport with early learning staff and families to coordinate services and resources for young children and their families.
- Establishing regularly scheduled meetings with early learning teachers and support staff to promote wellness-building.
- Participating in IEP meetings and other interventions to develop equitable and trusting relationships between supporting adults and the young children they care for.

The IECMH prevention direct services model generally involves two types of collateral contacts, 1) the foster care case manager, and 2) the learning center teacher/staff. Using the case study above as an example and following objectives defined through the assessment and planning process, the Prevention Direct Services professional may engage with the grandmother to support coordination and communication between she and the child's learning center staff to convey helpful information on skills and strategies which can be deployed to promote emotional stability and regulation while at the learning center. With the grandmother's permission, the Prevention Direct Services professional can also directly engage with the teacher/staff to provide assistance in the development of interpersonal, coping, and functional skills for the young child.

[3] Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). *Provider Manual.* Retrieved from https://dbhdd.georgia.gov/providers.

In-Clinic versus Out-of-Clinic Services

Most of the services noted in this billing guide can be provided in-clinic (modifier U6) or out-of-clinic (modifier U7); e.g., in childcare settings and/or in a patient's home (modifier UA). These can be important components as part of this evidence-based approach. Practitioners are encouraged to determine the appropriate place of service for each child/family's treatment plan and model of care delivered.

Foundational Assumptions for Creating This Billing Guide

Based on historical confusion around serving this age group, these assumptions were developed to communicate with clinicians what services are available for young children covered by Medicaid or CHIP managed care.

Basic Assumptions

- CMO-covered lives, these services are in the Medicaid state plan and therefore expected to be covered for all ages.
- These services comprise the core elements of dyadic treatment models.
- Per CMS, children exist within a family system. Treatment can and should include the child and caregiver.
- Except for nursing assessment, all of these services can be provided by LCSWs/LPCs/LMFTs
- Many of these services can be provided by other practitioners, in accordance with Georgia practice acts and Medicaid policy. For example, professionals with Associate licenses are recognized practitioners for most of these services.
- Agencies and private practitioners are able to provide these services.
- CMOs can establish relationships with contracted providers for behavioral health services.
- For infants and toddlers with mental health conditions, a full range of recovery-based services including non-medical services and supports should be available.
- These services can prevent more severe mental health concerns in the future.
- Early Periodic Screening, Diagnostic, and Treatment requirements dictate that preventative healthcare services should be covered for all children on Medicaid.
- Integrated health care for Medicaid beneficiaries with mental health concerns should be focused equally on prevention and intervention.

Billing Elements for Prevention Direct Services

Element	Assessment & Diagnosis			Individual & Family Therapy			Rehabilitative	
	Behavioral Health & Diagnostic Assessments	**Service Plan Development**	**Nursing Assessment**	**Individual Therapy**	**Family Therapy *with* Patient Present**	**Family Therapy *without* Patient Present**	**Family Skills Training & Development**	**Community Support**
Description	The purpose of the Behavioral Health and Diagnostic Assessment processes are to gather all information needed to support the determination of a differential diagnosis and build a targeted IRP.	The Individualized Recovery/ Resiliency Plan (IRP) results from the Diagnostic, Nursing, and Behavioral Health Assessments.	Providing nursing assessments and interventions to observe, monitor and care for the physical, nutritional, behavioral health and related issues manifested; and consulting with the caregivers about medical, nutritional and other health issues.	A therapeutic intervention or counseling service shown to be successful with ***identified youth*** populations, diagnoses and service needs, provided by a qualified clinician.	A therapeutic intervention or counseling service shown to be successful with ***identified family*** populations, diagnoses and service needs. ***Provided to caregiver and child with child present.***	A therapeutic intervention or counseling service shown to be successful with ***identified family*** populations, diagnoses and service needs. ***Provided to caregiver for benefit of the child, but without child present.***	Skills training may include support of the family, as well as ***training and specific activities*** to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit.	Community Support services consist of ***rehabilitative, environmental support and resources coordination*** considered essential to assist a youth/family in gaining access to necessary services (including collateral supporters)
Codes	H0031, 90791, 90792	H0032	96156, T1001	90832, 90834, 90837, 96159	90847, 96167, 96168	90846	H2014	H2015
Notes	Code used depends on practitioner level.	Initial service plan development may be completed by another agency or provider prior to referral to dyadic services.		Code used depends on practitioner level and length of service.	Code used depends on practitioner level and length of service.	Code used depends on practitioner level and length of service.	A wide range of practitioners can bill for skills training services.	A wide range of practitioners can bill for community support services.

Billing Code Details

Category	Element	Code
Assessment & Diagnosis	Behavioral Health Assessment	H0031
	Nursing Assessment: Health/Behavior Assessment	96156
	Nursing Assessment: Nursing Assessment/Evaluation	T1001
	Diagnostic Assessment	90791
	Diagnostic Assessment	90792
	Service Plan Development	H0032
Individual & Family Therapy	Individual Counseling/Psychotherapy (30 mins)	90832
	Individual Counseling/Psychotherapy (45 mins)	90834
	Individual Counseling/Psychotherapy (60 mins)	90837
	Individual Therapy (first 30 mins)	96158
	Individual Therapy (adtl 15 mins)	96159
	Family Therapy with Patient Present	90847
	Family Therapy with Patient Present (first 30 mins)	96167
	Family Therapy with Patient Present (adtl 15 mins)	96168
	Family Therapy w/o Patient Present	90846
Rehabilitative	Family Skills Training & Development	H2014
	Community Support	H2015

Useful Modifiers

GT	Via Interactive audio and video telecommunication systems	UA	In Individual's Own Home
HA	Child/Adolescent Program	UK	Collateral contact; contact that is not face-to -face with client
U6	In-Clinic	HR	Family/Couple with client present
U7	Out-of-Clinic	HS	Family/Couple without client present
U7	Out-of-Clinic		