

Infant and Early Childhood Mental Health Toolkit

Billing Guide for Infant and Early Childhood Mental Health Services: Dyadic Models

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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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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 the 0–6 age group.²

This guide is intended to support behavioral health practitioners using one of these specialized interventions – dyadic models of therapy. It describes what dyadic models are, the services that make up dyadic models of therapy, and billing codes available for these services. This guide is intended to support behavioral health practitioners in billing for services when providing dyadic models of therapy 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 those 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 families access the services they need.

In Georgia, about 40 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

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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.”

needs.³ Children are covered through a model called managed care or fee-for-service. The majority of Georgia Medicaid and CHIP covered children are in managed care plans. This guide will be useful for practitioners billing any type of insurance, but it 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, practitioners may work with children covered by private insurance plans as well. Each of these coverage types have 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 a service in order to be reimbursed. While each coverage plan is different, the set of services that make up dyadic models of therapy are the same. This guide is intended to provide information on those services and common billing codes associated with them. It is crafted particularly to support practitioners billing Georgia Medicaid managed care. Those working with the small percentage of young children on Medicaid fee-for-service may need additional resources to appropriately bill for services through that program. Additional information about Georgia Medicaid and infant and early childhood behavioral health services can be found on the Georgia Department of Community Health (DCH) [website](#).

Note on Insurance Coverage and Billing: This guide will be useful for practitioners billing any type of insurance, but it has been specifically crafted to support those working with young children on Georgia’s Medicaid managed care plans. For those working with private insurance or the small number of young children on fee-for-service Medicaid, you may need additional resources to appropriately bill for services.

Dyadic Models

Dyadic treatment is family therapy. These treatment models include both the child and their caregiver(s), called the dyad, and their focus is strengthening the caregiver-child relationship. Dyadic models achieve this by improving positive parenting skills through observation, coaching, and treatment. Services typically include elements of assessment, diagnosis, traditional therapeutic services, and rehabilitative services.

Example Model: Child-Parent Psychotherapy

In this billing guide, we use Child-Parent Psychotherapy (CPP) as an example dyadic model.⁴ The elements of CPP are broken out to include typical services used in the model like assessment, family therapy, 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. For delivery of CPP, a diagnosis of the child’s condition is required. When diagnosing young children, best practice is to use the DC:0-5™, a classification manual for diagnosing mental health and developmental disorders of infancy and early childhood.⁵

³ [Health Insurance Coverage of Children 0-18](#) (2021) Kaiser Family Foundation. Georgia estimates for Medicaid.

⁴ More information on CPP can be found at <https://childparentpsychotherapy.com/>

⁵ The DC:05 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood is published by ZERO TO THREE. More information can be found at <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>.

Diagnosis with the DC:0-5: A Multiaxial Approach

Before beginning CPP, clinicians undergo a comprehensive assessment and diagnosis process. Utilizing the DC:0-5 manual is the best practice for diagnosing young children with mental health and developmental disorders. The DC:0-5 employs a multiaxial approach to the diagnosis of young children. First, clinicians 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 and their family's psychosocial stressors 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 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).

Ruling out other medical conditions is an important step in this process and clinicians may work closely with the child's pediatrician or family doctor to ensure physical health conditions have been ruled out or considered in the context of the child's diagnosis. While assessments for physical health conditions are important and may inform the child's diagnosis, the billing codes for these physical health services are not included in this guide. Only behavioral health related services are noted within this billing guide.

After completing the child's diagnostic assessment, clinicians can use the DC:0-5 manual to learn how these early childhood diagnoses align with standard diagnosis codes used in most billing practices. Georgia also has a [DC:0-5 crosswalk](#) that maps these diagnoses to available diagnosis codes for Georgia Medicaid.⁶ For trainings available to Georgia practitioners on the DC:0-5 and its accompanying crosswalk, visit the Georgia Association for Infant Mental Health (GA-AIMH) [website](#) or email GA-AIMH at aimh@gsu.edu.

Elements of Dyadic Models

Assessment & Diagnosis Elements

Assessment and diagnosis are an important part of the service array for dyadic treatment models. Child-Parent Psychotherapy (CPP) outlines an assessment plan for practitioners to follow to gather information about the child, caregiver, and their relationship. The elements outlined in the table and associated billing codes may be used as a practitioner goes through the assessment process for CPP.

Individual and Family Therapy Elements

Traditional therapeutic interventions are a key component of dyadic models. Most often, therapy for CPP will include family therapy sessions with or without the child present. There may also be circumstances where individual therapy is used.

⁶ More information about the Georgia DC:0-5 Crosswalk can be found on the DCH website at <https://medicaid.georgia.gov/programs/all-programs/infant-and-early-childhood-behavioral-health-services>

Rehabilitative Elements

Rehabilitative services offer additional supportive services to help a family improve their well-being and manage daily life. In CPP, this may include supportive skill building and resource coordination, or other services that we may typically think of as case management or coordination.

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). Out-of-clinic service locations can include the patient's home (modifier UA). These can be important services as part of an evidence-based home visiting program. Practitioners are encouraged to determine the appropriate place of service for each family's treatment plan and model of care delivered.

Foundational Assumptions for Creating This Billing Guide

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

Basic Assumptions

- These services are in the Medicaid state plan, and therefore 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 the nursing assessment, all of these services can be provided by Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists.
- Many of these services can be provided by other practitioners, in accordance with Georgia practice acts and Medicaid policy. For example, Georgia Addiction Counselors, Certified Peer Specialists, and professionals with Associate licenses are recognized practitioners for the majority of these services.
- Agencies and private practitioners are able to provide these services.
- Care Managements Organizations (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 future more severe mental health concerns. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements dictate that prevention services should be covered for all children on Medicaid.
- Integrated health care for Medicaid beneficiaries with mental health concerns shall be focused equally on prevention and intervention.

Billing Elements for Dyadic Models

	Assessment & Diagnosis Elements			Individual & Family Therapy Elements			Rehabilitative Elements	
Element	Behavioral Health Assessment	Diagnostic Assessment	Service Plan Development	Individual Therapy	Family Therapy <i>with</i> Patient Present	Family Therapy <i>without</i> Patient Present	Family Skills Training & Development	Community Support
Description	The purpose of the Behavioral Health Assessment process is to gather all information needed to support the determination of a differential diagnosis.	Psychiatric diagnostic interview examination includes a history; mental status exam; evaluation and assessment of physiological phenomena; psychiatric diagnostic evaluation.	The Individualized Recovery and Resiliency Plan (IRP) results from the Diagnostic and Behavioral Health Assessments.	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 and family unit.	Community Support services consist of rehabilitative, environmental support and resources coordination considered essential to assist a family in gaining access to necessary services.
Codes	H0031, 96156	90791, 90792	H0032	90832, 90834, 90837, 96159	90847, 96167, 96168	90846	H2014	H2015
Notes	Code used depends on practitioner level.	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
	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	HR	Family/Couple with client present
U6	In-Clinic	HS	Family/Couple without client present
U7	Out-of-Clinic		

Note: All services are provided for the benefit of the young child, therefore the infant or young child is considered the patient or client for billing purposes.