Early Childhood Mental Health Assessment, Diagnosis and Reimbursement


Presented by :
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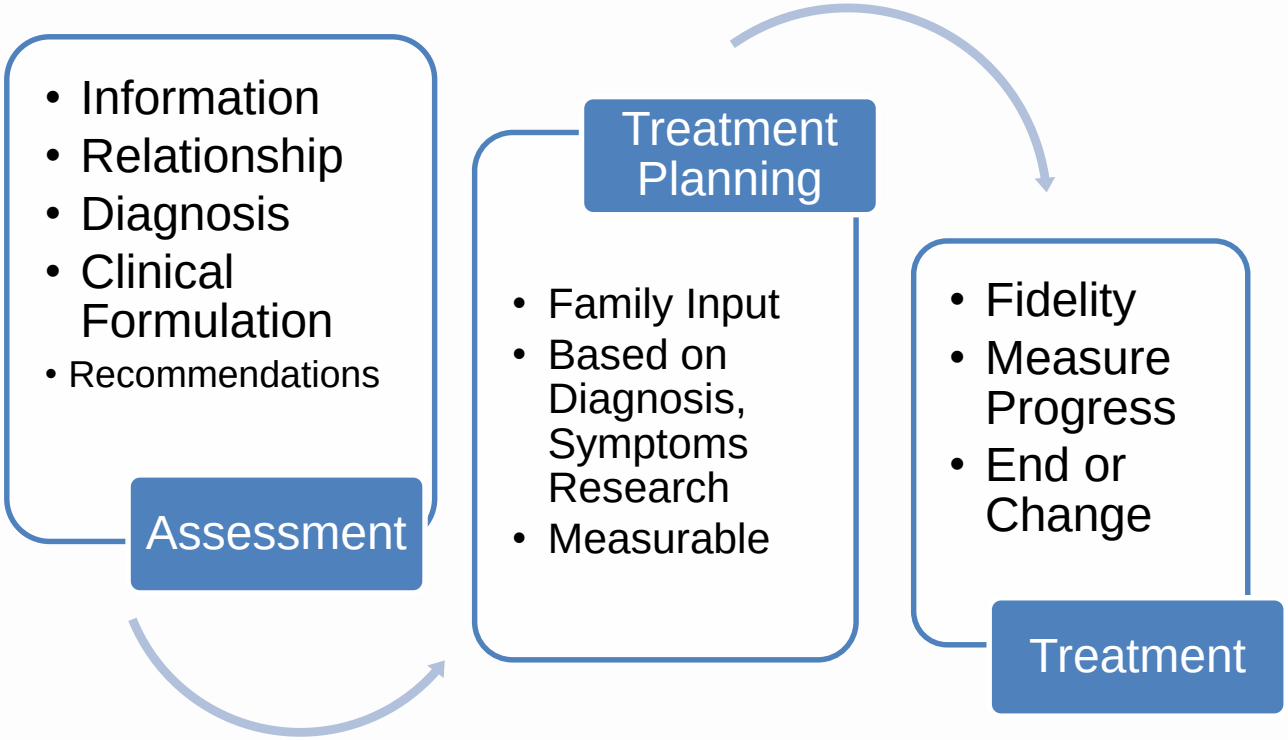
My Role

- **Support Children's System of Care Development (CSAC)**
- **Promote expansion of, and increased access to Evidence-based Practice to children, specialize in birth to 8 years**
- **Coordinate with other OHA Divisions**
- **Provide Technical Assistance to Stakeholders regarding Infant and Early Childhood Mental Health services and program development**

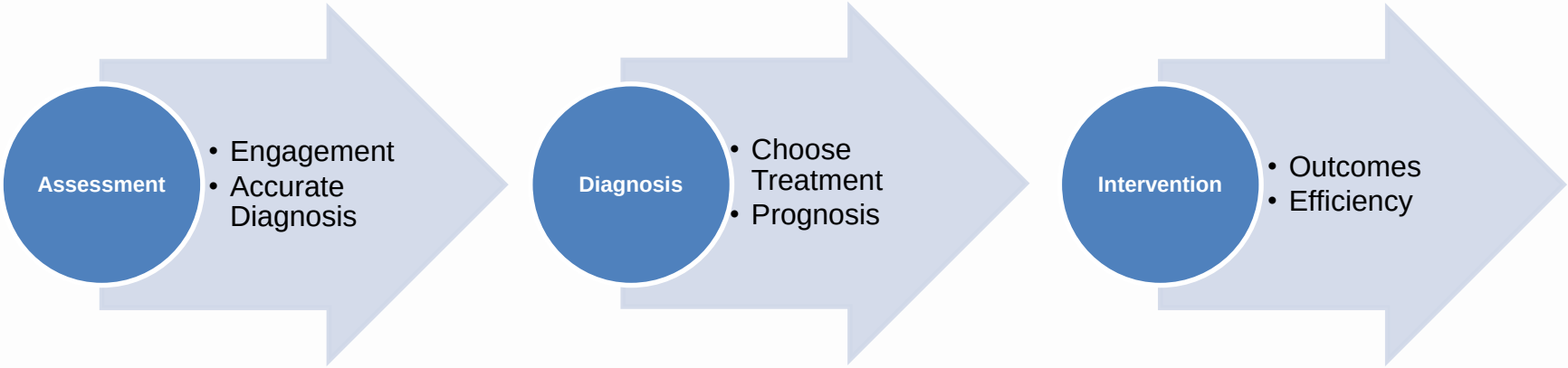
Guiding Principles of Early Childhood Mental Health

- **Relationships**- key to emotional, social, cognitive, and physical health
- **Specialized** training needed to assess and treat children younger than 5 years of age.
- **Dyadic** therapies should be prioritized over individual work
- **Cultural, socioeconomic and environmental** family factors are essential to understanding how to assist the family

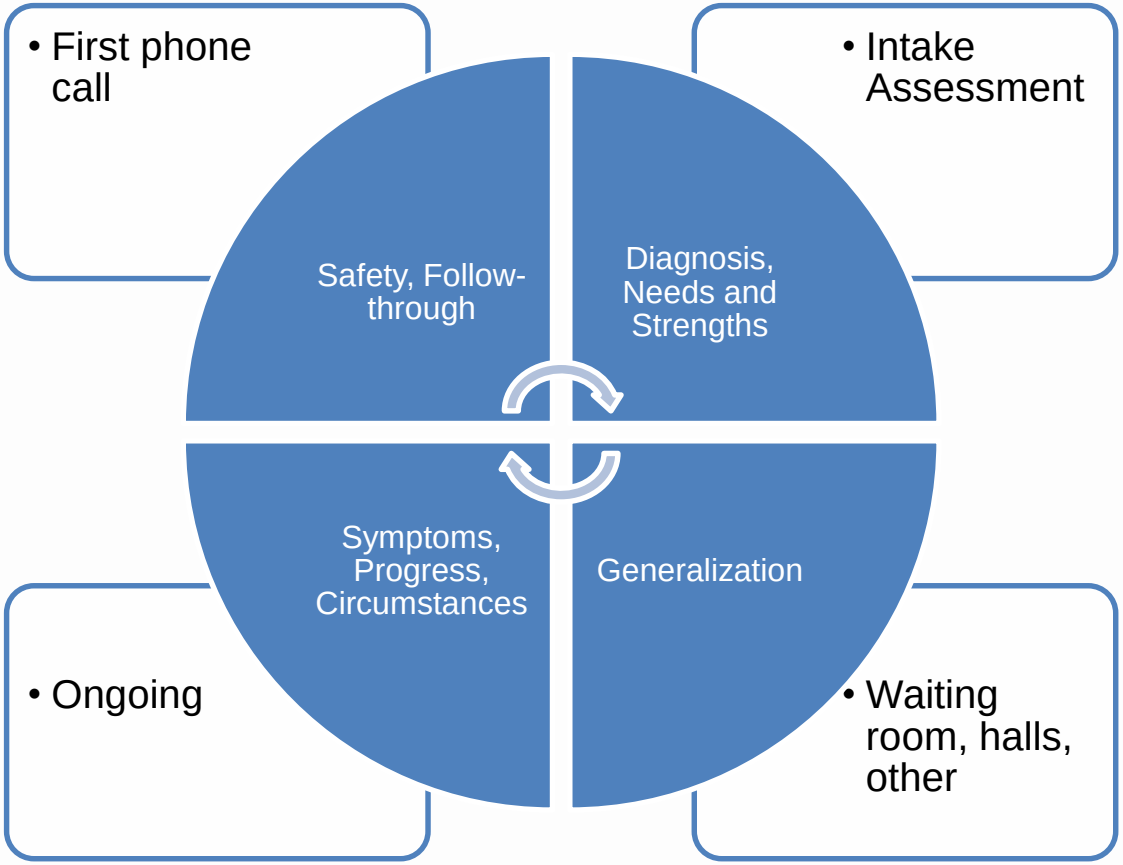
Golden Thread



Assessment by an Early Childhood Trained Provider Very Important



When does Assessment occur?



What are we Assessing?

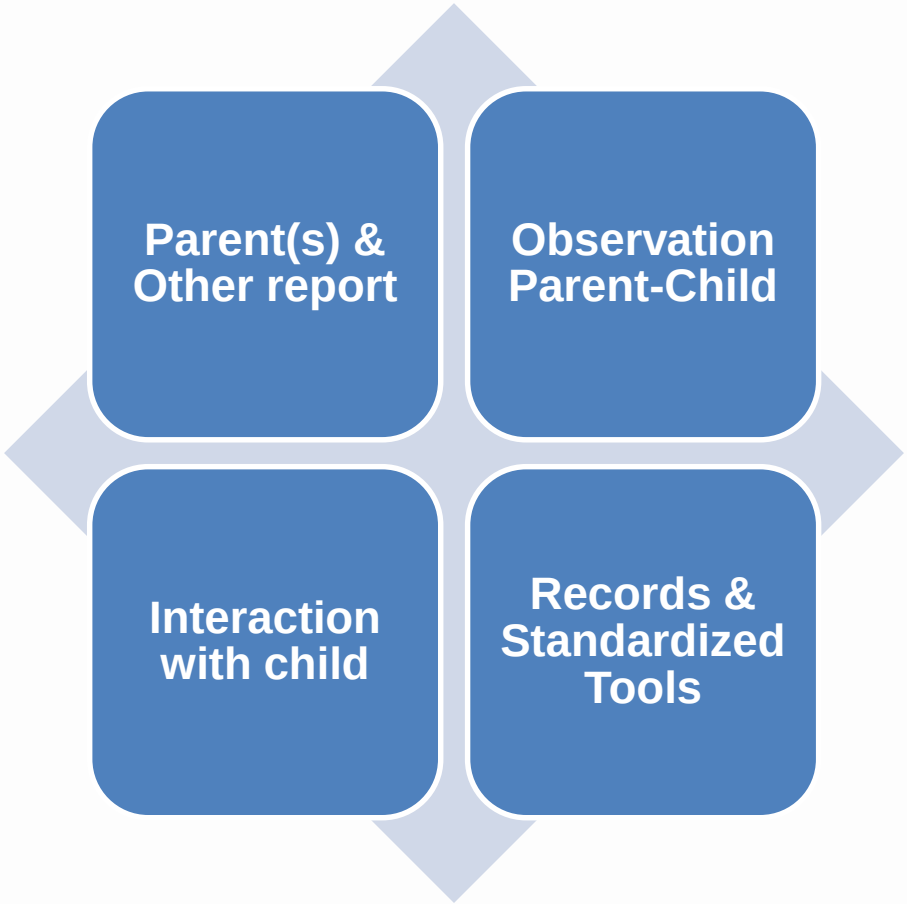
Child

- Symptoms
- Effect on Daily functioning
- Precipitating events
- Diagnosis, if any
- Prognosis
- Treatment Recommendations

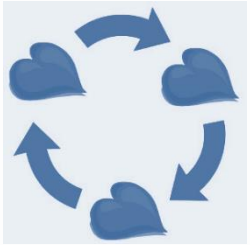
The Parent-child Relationship

- Strengths and Challenges
- Duration
- Quality of Reciprocity
- Developmental Appropriateness
- Parent response to therapist

How is Information Gathered?



Information Gathered



- Safety
- Physical
- Eating, Sleeping, Toileting
- Development
- Cognition
- Communication
- Social Emotional
- Self Regulation
- Attachment
- Supervision
- Parental Attunement

- Child Mental Status
- Parenting knowledge
- Prior interventions
- Cultural Factors
- Parental relationships
- Siblings, extended supports, social and economic strengths
- Non custodial parents (each dyad unique)
- Observations of Relatedness
- Play observations
- Plus more

- Mental Status Exam

Familiar Mental Status Exam Items

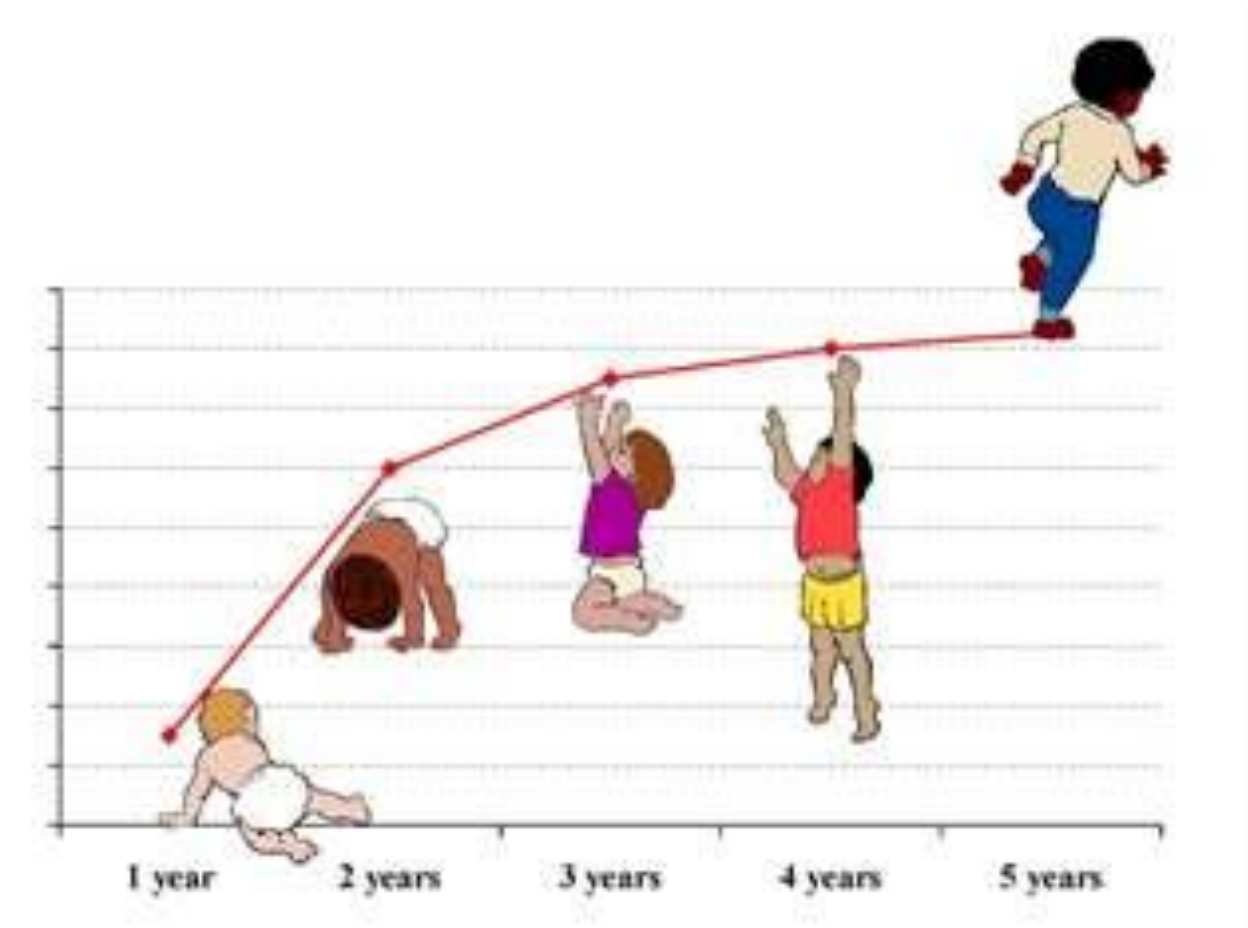
from Anne L. Benham, MD, AACP 1997

• **Appearance**	• Size, apparent health dress and hygiene, maturity compared to age, dysmorphic features
• **Motor**	• Mobility, tics, gaze, drooling, fine and gross coordination
• **Speech and Language**	• Vocalization, quality rate rhythm intonation articulate volume, apparent comprehension, **does caregiver understand him or her**?
• **Thought**	• Fears, worry, dreams, nightmares, perseveration, echolalia, apparent dissociation
• **Affect and Mood**	• Range of expression, predominant mood, lability of affect, intensity of expressed affect, frustration tolerance, ability to calm
• **Cognition**	• Problem solving ability, general knowledge for age

Additional Mental Status Items for Early Childhood

Apparent Reaction to situation	Initial reaction to setting and to strangers, Reactions to transitions
Self Regulation	State, Sensory, Activity level, Attention Span, Aggression, Unusual Behaviors
Play	Developmental appropriateness, Content, with Whom?
Relatedness	To caregiver, Observed Attachment Behaviors, to Therapist

The importance of knowing developmental “norms”



Medical Necessity- A covered service is considered medically necessary if it will do, or is reasonably expected to do, one or more of the following:

- Arrive at a correct diagnosis
- Reduce, correct, or ameliorate the physical, substance, mental, developmental, or behavioral effects of a covered condition
- Assist the individual to achieve or maintain functional capacity to perform age-appropriate or developmentally appropriate daily activities, and/or maintain or increase the functional level of the individual

❖ Flexible wraparound services should be considered medically necessary when they are part of a treatment plan

❖ Ameliorating effects of abuse or neglect, and/or when there is a need to repair or build attunement and attachment with a caregiver after a significant disruption. (child does not need to be verbal)

Oregon Early Childhood Diagnostic Crosswalk

Guidance Document

Bridging the Dia… …ntal Health and Developmental Disorders of Infancy and Early … …iagnostic and Statistical Manual of Mental Disorders, Fifth Edi… …rnational Statistical Classification of Diseases and Related Health …sion (ICD 10) to aid behavioral health providers with developmentally … Oregon Health Plan reimbursable diagnoses.

NEW Link:
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8939.docx

DC:0-5

DSM-5

ICD-10

Prioritized List

Translates symptom clusters between systems

DC:0–5™ — Released December 2016

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

https://www.zerotothree.org/resources/series/the-bookstore

What is the Oregon Prioritized List?

- **The Health Evidence Review Commission (HERC)**
- **Review of medical evidence**
- **Sets priorities for health spending in the Oregon Health Plan**
- **Pairs Diagnoses with appropriate health services**
- **Promotes evidence-based medical practice statewide**

- **Oregon's legislature approved funding for lines 1-471 of the prioritized list for January 1, 2020.**

Crosswalk Organization

DC: 0-5 Diagnosis	DSM-5 Description	DSM-5 code	ICD-10 Description	ICD-10 code	Line on Prioritized List [4]	Comments
Early Childhood Mental Health Providers Not directly billable in Oregon	Majority of Mental Health Providers familiar Behavioral Health EHR software shows these codes		Physicians most familiar Codes needed for Medicaid and insurance billing EHR software translates into these codes for billing		Information re: Medicaid reimbursement Diagnosis must fall between lines 1- 471 Diagnosis codes on the list are ICD: 10	Additional helpful guidance

How would you use the Crosswalk?

Caucasian male, age 30 months, referred for evaluation for ADHD.

After developmentally appropriate, thorough biopsychosocial assessment of child you might determine a diagnosis of:

DC: 0-5 Diagnosis	DSM-5 Description	DSM-5 code	ICD-10 Description	ICD-10 code	Line on Prioritized List [4]	Comments
Overactivity Disorder of Toddlerhood (Only between 24-36 months of age)	Unspecified Attention Deficit/Hyperactivity Disorder	314.01	Attention Deficit/Hyperactivity Disorder, Unspecified type	F90. 9	121 – Guideline 20 See full details in guideline for children under 5 yrs.	First line therapy is evidence-based, structured "parent-behavior training."

Clinical formulation would include:

- **Name of DC: 0-5 diagnosis and equivalent in DSM 5.**
- **All information required for other ages**
  - **Symptoms meeting criteria, such as**
  - **Frequency, intensity, duration and impact on child, and family functioning.**
  - **Sources of your information**
  - **Rule-outs and/or more information/evaluation needed.**
  - **Prognosis, recommended treatment and expected duration of services.**

Lesser Known Reimbursable Codes
Primary Diagnoses:

Code	Description	HERC	Age Limit
ICD -10: Z69.010 *(DSM 5-V61.21)*	Victim of child neglect or abuse by parent	Line 120	None
ICD-10: Z69.020 *(DSM 5-V61.21)*	Victim of non-parental child abuse child	Line 120	None
ICD-10: Z62.820 *(DSM 5- V61.20)*	Parent Child Relational Problem	Line 444	None
ICD:10 Z63.8 *(DSM 5-V61.8)*	Other Specified Problems Related to the Primary Support Group	Line 444	None
ICD-10: F43.8 *(DSM 5- 309.89)*	Other Specified Trauma and Stressor-Related Disorder/Other Reactions to Severe Stress	Line 444	None

Other Specified Problems Related to Primary Support Group

(DSM 5- V61.8, ICD 10- Z63.8)

Circumstances which influence a child's health risk, but not a current illness or injury.

- a) Family discord b) Family estrangement c) high expressed emotional level within family d) inadequate family supports and/or resources e) inadequate or distorted communication within family.

- The child does not meet another mental health diagnosis.
- Interventions focus on preventing or managing the child's symptoms, enhancing safety and stability in the child's environment, and therapeutic support for the caregiver.

- ***Individual therapy and medication management are not appropriate services for this problem in this age group.***

DC 0-5 New Diagnoses

(use the Crosswalk)

Medicaid Reimbursable

- Overactivity Disorder
- Inhibition to Novelty Disorder
- Disorder of Dysregulated Anger and Aggression
- Overeating Disorder
- Atypical Eating Disorder (Hoarding)
- Relationship Specific Disorder of Infancy/Early Childhood

Not Medicaid Reimbursable

- Sleep Disorders w/out Apnea
- Crying Disorders
- Enuresis

Currently below the line:

- Selective Mutism
- Excoriation

OHP Reimbursable Diagnoses

(not included in DC: 0-5)

- **Encopresis**
- **Victim of Child Abuse by Parent or Non-Parent**
- **Personal Past History of Abuse**
- **Other Specified Problems related to the Primary Support Group**
- **Oppositional Defiant Disorder**
- **Unspecified Disruptive Impulse Control and Conduct Disorder**

Learning and Developmental Diagnoses

May be reimbursable

- Autism Spectrum
  - Requires specialized training
  - May be out of scope of practice for some QMHP

Not reimbursable as a Behavioral Health Diagnosis

- Speech and Language, Coordination and other Neurodevelopmental disorders

May be reimbursed as rehabilitative service

Situation:

Provider contacts OHA saying a code on the Crosswalk is "not billable"

Problem	Solution
• Electronic Health Record System is not preloaded with developmentally appropriate diagnostic codes	1. Provide Agency IT dept. with Oregon Early Childhood Crosswalk 2. Agency IT dept. adds codes to local EHR that are missing

Situation:

Provider contacts OHA saying a code on the Crosswalk is "not billable"

Problem	Solution
• Diagnosis is not reimbursable on the Prioritized List or • Not considered Behavioral Health diagnosis in Oregon	1. Is the secondary diagnosis the focus of treatment and is it reimbursable? 2. Refer to other services such as Early Intervention

A Diagnosis is in the Crosswalk as Reimbursable, but Your Claim is Denied

1. Double check that the claim has been submitted correctly
2. Identify as much detail as you can about what is the stated problem with the claim.
3. Obtain a copy of the denial if possible.
4. Call (or have someone in your office call) your CCO. Take notes.
5. Your office can also call OHP provider assistance. https://www.oregon.gov/oha/HSD/OHP/Pages/Contact-Us.aspx

6. If not resolved, send the claim and denial to me **(via secure email)** with as much detail as possible about what you have already tried to get it resolved. Include names and positions.

Dyadic Therapy
Procedure codes (CPT)

- **Family Therapy with client present (90847)**
- **Psychotherapy with or without family member present** (**90832, 90834, 90837)** Client must be present for all or the majority of the session
- **Interactive Complexity (90785-** Add on code)
  - Documentation each session of factors that complicate delivery of the EBP, such as high reactivity among participants, undeveloped or regressed language ability, use of additional equipment or devices to facilitate the therapeutic intervention.
  - Not available for Fee for Service Clients

Less frequently, clearly directed toward the treatment of client:

- **Family Therapy without client present (90846)**

CCOs and Commercial Insurance may request

Reauthorization of services after a set number of sessions (based on effectiveness data) or

Use of one or more standardized tools

Examples *(not an all-inclusive list)*

-Eyberg Child Behavior Inventory (ECBI)

-Devereux Early Childhood Assessment (DECA)

-Child Behavior Check List (CBCL)

-Strengths and Difficulties Questionnaire (SDQ)

-Trauma Symptom Checklist for Young Children (TSCYC)

-Parent-Infant Relationship Global Assessment Scale (PIR-GAS)

-Other

Things to remember…..

- Providers must always work within their scope of training and expertise
- Clear documentation of how therapist came to a diagnosis, and documentation of interventions used to accomplish treatment goals is always important.
- **As you know, families may need services other than behavioral health and should be supported in finding those services no matter what their first point of contact with the Early Childhood System may be.**

Other Resources

- Zero to Three has a wealth of resources https://www.zerotothree.org/ and https://www.zerotothree.org/resources/410-official-dc-0-5-training
- The Georgetown University Center for Child and Human Development- https://gucchd.georgetown.edu/64271.html
- Harvard Center on the Developing Child- http://developingchild.harvard.edu/
- Centers of Disease Control and Prevention (CDC) library of photos, videos and checklists for child developmental milestones from 2 months to 5 years. https://www.cdc.gov/ncbddd/actearly/milestones

Resources, cont.

- Handbook of Infant Mental Health, Third Edition edited by Charles Zeanah Jr., MD
- Child Trauma Academy, http://www.childtraumaacademy.com
- Child Trauma Academy, Neurosequential Model of Therapeutics Articles, http://childtrauma.org/nmt-model/references/
- Infant/Child Mental Health, Early Intervention, & Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice by Connie Lillas and Janiece Turnbull (http://the-nrf.com/)


THANK
YOU!