



Selected State Infant-Early Childhood Mental Health (IECMH) Medicaid Services Billing Codes and Eligibility

This document provides information from selected states on Medicaid billing codes for infant-early childhood mental health (IECMH) services and Medicaid-enrolled children's eligibility for IECMH services. The following table provides an overview of state billing codes for various IECMH services (social-emotional screening, maternal depression screening, dyadic treatment, parenting programs, and IECMH consultation). More detailed information on states' billing codes for each service can be found in additional tables on subsequent pages. The table beginning on page 13 includes detailed information on state approaches to eligibility for Medicaid IECMH services using DC:0-5 and risk factors.

Overall Table of Billing Codes

State	Social-Emotional Screening Codes	Maternal Depression Screening Codes	Dyadic Treatment Codes	Parenting Program Codes	IECMH Consultation Codes
AR			90847 (Family psychotherapy, with patient present)	H2027 (Family psychoeducation)	
CA			90847 (Family psychotherapy, with patient present)		
DC	96127 (Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument)				
MI		96161 (Administration of caregiver-focused health risk assessment instrument for the benefit of the patient, with scoring and documentation, per standardized instrument)	See entry in table below		H0025 (Behavioral health prevention education service)
MN	96127 (Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument)		90847 (Family psychotherapy, with patient present)	H2027 (Family psychoeducation)	90899 (Clinical care consultation, face-to-face)
WA	96110 (Developmental screening) 96127 (Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument)	96161 (Administration of caregiver-focused health risk assessment instrument for the benefit of the patient, with scoring and documentation, per standardized instrument)	See entry in table below	See entry in table below	
WI					H0046 (Mental health services, not otherwise specified)

Social-Emotional Screening

State/ Organization	Code	Source	Notes
American Academy of Pediatrics	96127	Coding for Pediatric Preventive Care 2021	<p>General recommendations on coding SE screens.</p> <p>“Used to report administration of standardized developmental/autism screening instruments (96110) or behavioral/emotional assessments (96127).”</p> <p>“96127: Brief emotional/behavioral assessment (eg, depression inventory) with scoring and documentation, per standardized instrument”</p>
DC	96127	EPSDT Billing Manual DC EPSDT Well-Child Visit Billing Reference Guide	<p>“If any screening or assessment during a well-child visit uncovers a potential problem that requires followup or a referral, append the TS modifier to the appropriate procedure code. The TS Modifier can be utilized on a preventive medicine visit code if the problem is not specific to one of the screenings performed.”</p> <p>“If a screening or assessment is positive use ICD-10 code Z00.121, and if it is an issue that requires follow-up or a referral append modifier TS to the applicable screening code that had a positive result.”</p>
MN	96127	Medicaid Provider Manual, EPSDT section	<p>Developmental and Social-Emotional or Mental Health Screenings</p> <p>“Developmental and social-emotional or mental health screenings are a C&TC screening component. A MN Developmental Screening Task Force recommended screening instrument is preferred, however, a DHS-accepted screening instrument can be used....</p> <p>“Refer to the Developmental, Social-Emotional, and Autism Spectrum Disorder Screening in Early Childhood or Mental Health Screening, 6-20 Years fact sheets developed by MDH and DHS and the DHS Children’s Mental Health Division Screening webpages for more information on developmental and social-emotional or mental health screening and recommended instruments.</p> <p>“Currently, no recommended standardized instrument adequately covers both developmental and social-emotional domains. Two separate screening instruments are needed to adequately screen for potential developmental and social-emotional concerns.</p> <p>“Based on the recommendation by the AAP, The Survey of Well-Being of Young Children (SWYC) may be used only for developmental screening only when performing a complete C&TC exam in a clinic</p>

			<p>setting. Use of the SWYC is not recommended in the C&TC setting for social-emotional (SWYC Pediatric Symptom Checklist) or autism screening. Refer to the C&TC Developmental and Social - Emotional Screening Recommendations - Minnesota Department of Health webpage. This webpage has links to two important documents: Instruments at a glance for C&TC Clinic Settings and Instructions for Administering The Survey of Well-Being of Young Children screening in the C&TC Clinic Setting.</p> <p>For settings outside of a medical clinic, refer to the Recommended Screening Instruments from the Minnesota Interagency Developmental Screening Task Force section of the Minnesota Department of Health (MDH) website. The Minnesota Developmental Screening Task Force does not recommend the use of The SWYC in screening programs.”</p>
WA	96110, 96127	EPSDT Program Billing Guide	<p>“Developmental screening is done using standardized screening tools which may include caregiver interview and observation. Use procedure code 96110, two units per billing claim, with a limit of 5 times from birth to age 3. Refer to the recommended screening tools for examples of available standardized tools. To be reimbursed, the name of the screening tool and the score must be included in the documentation.”</p> <p>There are instruments listed in a recommended tools table according to what they screen for (e.g., autism and social emotional, developmental screens), along with recommended billing codes. The tools in the table that can be used for SE screening with children under three are: ASQ:SE, BASC-2, BITSEA, ECSA, SWYC.</p> <p>For autism and social-emotional screening the recommended tools (along with CPT codes) are: BASC-C (96127), BITSEA (96127), ECSA (96110), SWYC (96110)</p> <p>For developmental screening the recommended tools are: ASQ:SE (96110), BITSEA (96110), ECSA (96110), SWYC (96110).</p> <p>It appears that the BITSEA can be billed under either 96110 (developmental screen) or 96127 (emotional/behavioral assessment), but others are billed under 96110 regardless of what they are used for. The limit of billing 96110 five times from birth to three might make it difficult to use the ASQ:SE in particular alongside a general screener for the full recommended Bright Futures periodicity schedule.</p>

Maternal Depression Screening

State/ Organization	Code	Source	Notes
American Academy of Pediatrics	96161	Coding for Pediatric Preventive Care 2021	<p>“96161: Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.</p> <p>“NOTE: Code 96161 can be reported for a postpartum screening administered to a mother as part of a routine newborn check but billed under the baby’s name....</p> <p>“Used to report administration of standardized health risk assessment instruments on the patient (96160) or a primary caregiver (eg, parent) on behalf of the patient (96161). Code 96161 requires that the questions and answers relate to the primary caregiver’s health and behaviors, not the patient’s.”</p>
National Academy for State Health Policy	96161, some states use 96160, 96110, 96127	Medicaid Policies for Maternal Depression Screening (MDS) During Well-Child Visits, By State	Codes, modifiers, and additional notes for every state.
MI	96161	Medicaid Provider Manual, EPSDT section	“Screening for maternal depression with a screening tool, such as the Edinburgh scale, is to be performed by the infant’s PCP as recommended by the AAP periodicity schedule. It is intended that the service should be reported and billed under the infant’s Medicaid ID number using the appropriate Current Procedural Terminology (CPT) code as it is a service rendered for the benefit of the infant. If the screening is positive, the PCP should address the mother-child dyad relationship (attachment and bonding), follow-up, and refer as appropriate.”
WA	96161	EPSDT Program Billing Guide	<p>“Caregivers of infants age six months and younger must be screened for depression. Use CPT code 96161 under the infant’s ProviderOne client ID. When billing CPT code 96161 for a fee-for-service (FFS) client, use EPA # 870001424.”</p> <p>PHQ and EPDS are in the list of recommended tools</p>

Dyadic Treatment

State	Code	Source	Notes
AR	90847 Modifiers: UC, UK, U4	Medicaid Provider Manual, Outpatient Behavioral Health Services section	<p>Modifiers UC, UK, U4 used to indicate dyadic treatment.</p> <p>“Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children who are from zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized and is only available for beneficiaries in Tier One (1). Dyadic Infant/Caregiver Psychotherapy is a behaviorally based therapy that involves improving the parent-child relationship by transforming the interaction between the two parties. The primary goal of Dyadic Infant/Parent Psychotherapy is to strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning. This service uses child directed interaction to promote interaction between the parent and the child in a playful manner. Providers must utilize a nationally recognized evidence-based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).”</p> <p>Additional information in manual on providers for children 0-47 months and on diagnosis with DC:0-3R: “Providers will diagnose children through the age of 47 months based on the DC: 0-3R. Providers will then crosswalk the DC: 0-3R diagnosis to a DMS diagnosis. Specified V codes will be allowable for this population.”</p>
CA	90847	Medicaid Provider Manual, Psychological Services, Non-Specialty Mental Health Services section	<p>“Family therapy must be composed of at least two family members. The primary focus of family therapy sessions is family dynamics as they relate to the patient’s mental status and behavior(s). CPT code 90847 should be used when the Medi-Cal recipient who meets criteria for family therapy is present for the entire session or at least a portion of the session. CPT code 90846 should be used when the Medi-Cal recipient who meets criteria for family therapy is not present during the session. Mental health providers must bill for family therapy using the Medi-Cal ID of only one family member per therapy session for CPT codes 90846, 90847, 99354 and 99356. Mental health providers must bill for multiple-family group therapy (90849) using the Medi-Cal ID of only one family member per family.</p> <p>Some examples of evidence-based family therapy are:</p> <ul style="list-style-type: none"> • Child-Parent Psychotherapy (ages 0 thru 5) • Parent Child Interactive Therapy (ages 2 thru 12)”

MI		Medicaid Provider Manual, Behavioral Health and Intellectual Disability Supports and Services section	<p>“Family Therapy is therapy for a beneficiary and family member(s), or other person(s) significant to the beneficiary, for the purpose of improving the beneficiary/family function. For children and youth, a family-driven, youth-guided planning process should be utilized. Family therapy does not include individual psychotherapy or family planning (e.g., birth control) counseling. Family therapy is provided by a mental health professional or limited licensed master’s social worker supervised by a fully licensed master’s social worker. When providing trauma specific intervention for infants, toddlers (birth through 47 months) and their family member(s) or other person(s) significant to the beneficiary (i.e., Child Parent Psychotherapy), the mental health professional, or limited licensed master’s social worker supervised by a fully licensed master’s social worker, must minimally have endorsement as an Infant Family Specialist by the Michigan Association of Infant Mental Health; Infant Mental Health Specialist is preferred).”</p>
MN	90847	Medicaid Provider Manual, Mental Health Services, Psychotherapy section	<p>Includes information on eligibility, covered services, and CPT codes.</p>
WA		Mental Health Services Billing Guide	<p>“Mental health treatment can be provided to children from birth through age five and the children’s parents or guardians if the treatment is directly related to the child’s care, is medically necessary, and is in accordance with the WAC 182-531- 1400. Providers must bill mental health services for a newborn or child under the newborn or child’s ProviderOne client ID....</p> <p>“Evidence-based medicine, evidence-based practice, research-based practice, and evidence-based health care (collectively “EBPs”) include programs such as cognitive behavioral therapy (CBT) and the Positive Parenting Program (Triple P). HCA is required by law to collect data on EBPs in Washington State. Providers who provide these services to clients under age 18 should include the appropriate EPA number from the following table when billing for EBP.”</p> <p>The guide contains tables of conditions (e.g., Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)), along approved evidence-based treatments and special codes (called EPA codes) to indicate which treatment was used.</p> <p>Child-Parent Psychotherapy and Parent Child Interaction Therapy are both included in the tables. The guide does not specify particular CPT codes for dyadic treatment, but presumably they are covered by the following: “Allowable CPT codes to use with evidence-based practices: 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849 and 90853.”</p>

			There is also a separate guide on how to report the use of EBPs: https://www.hca.wa.gov/assets/program/ebp-reporting-guides.pdf
--	--	--	---

Parenting Programs

State	Code	Source	Notes
AR	H2027 Modifiers: UK, U4	Medicaid Provider Manual, Outpatient Behavioral Health Services section	<p>Modifiers UK, U4 used to indicate treatment.</p> <p>“Psychoeducation can be implemented in two formats: multifamily group and/or single family group. ...Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children age 0 through 47 months & parent/caregiver. Dyadic treatment must be prior authorized. Providers must utilize a national recognized evidence based practice. Practices include, but are not limited to, Nurturing Parents and Incredible Years.”</p> <p>Additional information in manual on providers for children 0-47 months and on diagnosis with DC:0-3R: “Providers will diagnose children through the age of 47 months based on the DC: 0-3R. Providers will then crosswalk the DC: 0-3R diagnosis to a DMS diagnosis. Specified V codes will be allowable for this population.”</p>
MN	H2027 Modifiers: HQ, HR, HS, HQ HR, HQ HS	Medicaid Provider Manual, Mental Health Services, Family Psychoeducation section	<p>From FAQs: “The primary purpose of family psychoeducation is to educate and inform individuals and their caregivers about aspects of mental illness, treatment, and recovery. Psychotherapy, on the other hand, consists of a series of therapeutic interventions and is a process directly treating the symptoms of mental illness. Psychoeducation is a distinct evidence based service with its own HCPCS (Healthcare Common Procedure Coding System) Code. ...[T]his is not general parent education. These are services that are identified as needed to treat a child in the individual treatment plan, with specific goals and interventions listed.”</p> <p>Modifiers are used to indicate composition of class/participant group (individual, family, group).</p>
WA		Mental Health Services Billing Guide	<p>“Mental health treatment can be provided to children from birth through age five and the children’s parents or guardians if the treatment is directly related to the child’s care, is medically necessary, and is in accordance with the WAC 182-531- 1400. Providers must bill mental health services for a newborn or child under the newborn or child’s ProviderOne client ID....</p> <p>“Evidence-based medicine, evidence-based practice, research-based practice, and evidence-based health care (collectively “EBPs”) include programs such as cognitive behavioral therapy (CBT) and the Positive Parenting Program (Triple P). HCA is required by law to collect data on EBPs in</p>

		<p>Washington State. Providers who provide these services to clients under age 18 should include the appropriate EPA number from the following table when billing for EBP.”</p> <p>The guide contains tables of conditions (e.g., Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)), along approved evidence-based treatments and special codes (called EPA codes) to indicate which treatment was used.</p> <p>Incredible Years and Triple P are both included in the tables. The guide does not specify particular CPT codes for the parenting programs, but presumably they are covered by the following: “Allowable CPT codes to use with evidence-based practices: 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849 and 90853.”</p> <p>There is also a separate guide on how to report the use of EBPs: https://www.hca.wa.gov/assets/program/ebp-reporting-guides.pdf</p>
--	--	--

IECMH Consultation

State	Code	Source	Notes
MI	H0025	<p>Medicaid Provider Manual, Behavioral Health and Intellectual Disability Supports and Services section</p> <p> </p> <p>Center of Excellence for IECMH Consultation brief</p>	<p>Prevention-Direct Service Models</p> <p>“Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the beneficiary’s behavioral functionality, resilience and optimal mental health, thus reducing the need for individuals to seek treatment through the public mental health system. Prevention-direct service models are: Child Care Expulsion Prevention (NOTE: This program is also known as Infant and Early Childhood Mental Health Consultation.)...”</p> <p>“Provider qualifications: Master’s prepared early childhood mental health professional plus specific training in the evaluated model as approved by MDHHS. Training requirement must, at a minimum, include Endorsement as Infant Family Specialist by the Michigan Association of Infant Mental Health; Infant Mental Health Specialist is preferred....”</p> <p>“The authorization and use of Medicaid funds for any of the B3 supports and services, as well as their amount, scope and duration, are dependent upon: The Medicaid beneficiary’s eligibility for specialty services and supports as defined in this Chapter; The service(s) having been identified during person-centered planning; The service(s) being medically necessary as defined in the Medical Necessity Criteria subsection of this chapter;”</p> <p>Case study on how IECMH consultation came to be covered by Medicaid in Michigan</p>
MN	<p>90899</p> <p>Modifiers: U8, U9, UB, UC, U4</p>	<p>Medicaid Provider Manual, Mental Health Services, Children’s Mental Health Clinical Care Consultation section</p>	<p>Children’s Mental Health Clinical Care Consultation</p> <p>“MHCP covers mental health clinical care consultation between the treating mental health professional and another provider or educator. Examples of appropriate providers and educators who may receive a consultation include the following:... child care providers.”</p> <p>Modifiers: U8, U9, UB, UC, are used to indicate different durations for the consultation; U4 for non-face-to-face service.</p>

			<p>“To be eligible for mental health clinical care consultation, MHCP recipients must meet the following:</p> <ul style="list-style-type: none"> • Be between the ages of 0-21 • Have a diagnosis of mental illness determined by a diagnostic assessment that includes both of the following: <ul style="list-style-type: none"> ○ Meets the definition of complex, as defined in the Minnesota Rules 9505.0372, Subpart 1, C, or co-occurs with other complex and chronic health conditions ○ Requires consultation to other providers working with the child to effectively treat the condition”
WI	H0046	<p>Medicaid Provider Manual, Covered Outpatient Mental Health Services section</p> <p>Medicaid Provider Manual, Covered Outpatient Mental Health Services section, provider procedure codes</p>	<p>“A mental health clinical consultation is a communication from a mental health provider to coordinate services for a BadgerCare Plus or Medicaid beneficiary who is a student under 21 years of age with an established mental health diagnosis or with the parent of the student....</p> <p>“Mental health clinical consultations are reimbursable between an enrolled mental health provider who is currently allowed to render outpatient mental health services and any of the following: Educator teams, Individual educators, School staff, Parent(s) of the member. Mental health clinical consultations may be provided via phone or face-to-face interviews. The content and duration of the mental health clinical consultation must be documented.”</p> <p>“(Note: Procedure code H0046 has been designated to be used only for mental health clinical consultations and should not be used to bill for any other services.)” There are also a number of modifiers based on the clinician’s qualifications. Allowable place of service is also indicated.</p>

Eligibility for IECMH Services

State	Eligibility Approach	Source	Notes
Arkansas	DC:0-5	Medicaid Provider Manual, Outpatient Behavioral Health Services section	“Providers will diagnose children through the age of 47 months based on the DC: 0-3R. Providers will then crosswalk the DC: 0-3R diagnosis to a DMS diagnosis. Specified V codes will be allowable for this population.”
California	DC:0-5 and Risk Factors	Medicaid Provider Manual, Psychological Services, Non-Specialty Mental Health Services section	<p>“Medi-Cal reimburses... psychotherapy for recipients under age 21 if the recipient meets at least one of the following criteria:</p> <ul style="list-style-type: none"> • The recipient under age 21 has a diagnosis of a mental health disorder as defined by the current edition of DSM or as defined by the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5). If DC:0-5 is used for the diagnosis, the corresponding ICD-10 code, which can be found at the Zero to Three website, must be entered on the claim form. • The recipient under age 21 has persistent mental health symptoms in the absence of a mental health disorder. Claims for psychotherapy for these recipients must be billed with ICD-10-CM code Z71.89 • The recipient under age 21 has a history of at least one of the risk factors below. Claims for family therapy for these recipients must be billed with ICD-10 code Z65.9: <ul style="list-style-type: none"> ○ Neonatal or pediatric intensive care unit hospitalization ○ Separation from a parent/guardian (for example, due to incarceration, immigration or military deployment) ○ Death of a parent/guardian ○ Foster home placement ○ Food insecurity, housing instability ○ Exposure to domestic violence or other traumatic events ○ Maltreatment ○ Severe and persistent bullying ○ Experience of discrimination, including but not limited to discrimination on the basis of race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability; or • The recipient under age 21 has a parent/guardian with one of the risk factors below. Claims for family therapy for these recipients must be billed with ICD-10 code Z65.9: <ul style="list-style-type: none"> ○ A serious illness or disability

			<ul style="list-style-type: none"> ○ A history of incarceration ○ Depression or other mood disorder ○ Post-Traumatic Stress Disorder (PTSD) or other anxiety disorder ○ Psychotic disorder under treatment ○ Substance use disorder ○ Job loss ○ A history of intimate partner violence or interpersonal violence ○ Is a teen parent”
Colorado	DC:0-5	Colorado DC:0-5 crosswalk FAQs on the crosswalk Early intervention personnel standards	<p>Some community mental health clinics’ electronic health records automatically crosswalk to the ICD diagnosis from a DC:0-5 diagnosis</p> <p>EI providers who conduct evaluations in the area of social/emotional development must have training in DC:0-3R.</p>
Minnesota	DC:0-5	Medicaid Provider Manual, Mental Health Services, Diagnostic Assessment section Minnesota DC:0-5 crosswalk PRiSM profile on DC:0-5 in Minnesota	<p>Includes information on diagnostic assessment for children under 5</p> <p>“The Minnesota manual for Medicaid providers recommends that mental health professionals conducting diagnostic assessments use the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood with children under age 5. In July 2018, the state officially established a requirement for providers’ use of the current version, DC:0-5, and is in the process of revising statute language to reflect the change. The State has developed a cross-walk between DC:0-5 and ICD codes to facilitate billing. Prior to a standard diagnostic assessment, clinicians have the option to conduct three pre-diagnostic assessment sessions and collect all necessary information specified under the DC:0-5 framework. Alternatively, a clinician can conduct and bill for an extended assessment conducted over three or more sessions.”</p>

New York	Risk Factors	Medicaid State Plan Children and Family Treatment and Support Services Provider Manual for Children’s Behavioral Health Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services	<p>“The clinical services provided under OLP [Other Licensed Practitioner] are intended to help prevent the progression of behavioral health needs through early identification and intervention and may be provided to children/youth in need of assessment for whom behavioral health conditions have not yet been diagnosed, including but not limited to children ages birth-5.... OLP does not require a DSM diagnosis in order for the service to be delivered....”</p> <p>“Community Psychiatric Supports and Treatment (CPST): CPST services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth’s treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State.”</p> <p>Guidelines for Medical Necessity for CPST: “The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR the child/youth is at risk of development of a behavioral health diagnosis;”</p>
Oregon	DC:0-5 and Risk Factors	Early Childhood Mental Health Assessment, Diagnosis and Reimbursement Oregon DC:0-5 crosswalk NCCP Medicaid survey box on Z codes	<p>“Health care providers often see children who do not meet the full criteria for a mental health diagnosis, but who are experiencing conditions and family circumstances that place them at high risk for the development of significant mental health disorders. Starting January 1, 2016, Oregon’s health care providers have been able to bill Medicaid for children’s mental health services under a code indicating the presence of family and environmental factors that place the child “at risk” of a mental health disorder. The Oregon State Medicaid office approved the use of the ICD-10 code, Z63.8, for children who are experiencing significant changes in their immediate family environment that present risks for the development of a mental health condition. The situations</p>

			<p>included in the code are family discord, high expressed emotional level within the family, inadequate family supports and/or resources, and inadequate or distorted communication within the family.</p> <p>“Other codes can be used for children experiencing symptoms related to abuse and neglect. These include codes for children who have a history of maltreatment: physical and sexual abuse (Z62.810), psychological abuse (Z62.811), and neglect (Z62.812). The codes for children who have experienced recent abuse and neglect (Z69.010 and Z69.020), previously under adjustment disorders, were also revised to eliminate age restrictions. The use of all of these codes helps the state of Oregon address children’s mental health needs early in an effort to reduce the development of serious mental health conditions.”</p>
--	--	--	--