



DC:0-5 Policy in Selected States

This document presents information about how several states are using the [Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised \(DC:0-5\)](#) and have incorporated this system into policy (legislation, Medicaid plan, and guidance).

State DC:0-5 Crosswalks

[This document](#) compiles DC:0-5 crosswalks from Colorado, Georgia, Minnesota, Nevada, North Carolina, Oregon, Tennessee, and Washington.

States that are developing or have completed but not published crosswalks include Alabama, Massachusetts, and Washington.

Additionally, some states, such as New Mexico, use the crosswalk developed by Zero to Three included in the DC:0-5 manual. Because this crosswalk is not state-specific, some DC:0-5 diagnoses may correspond to ICD-10 codes that are not billable in particular states.

DC:0-5 in Selected State Legislation/Policies/Guidance

States with **legislation requiring** use of DC:0-5:

- [Illinois](#) (From legislation: “Beginning on July 1, 2022, if it is necessary to provide a diagnostic code for behavioral health services for children ages 5 and under, providers shall utilize a developmentally appropriate and age-appropriate diagnostic assessment system, such as the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC:0-5), for diagnosis and treatment planning.”)
- [Washington](#) (From [legislation](#): “Require providers to use the current version of the DC:0-5 diagnostic classification system for mental health assessment and diagnosis of children from birth through five years of age.”)

Both these states only recently passed their legislation, so they are currently developing crosswalks, guidance/policy around billing, and training/professional development systems.

States with **policy requiring** use of DC:0-5:

- [Minnesota](#) (From Medicaid manual: “For children under age 5: Utilize the DC:0-3R diagnostic system for young children. For CTSS providers, utilize the Diagnostic Classification of Mental Health and Developmental Disorder of Infancy and Early Childhood DC 0-5”; from [PRiSM profile](#) on DC:0-5 implementation in Minnesota, Minnesota “is in the process of revising statute language to reflect the change” from the DC:0-3R to the DC:0-5.)
- [Arkansas](#) (From Medicaid manual: “All performing providers of parent/caregiver and child Outpatient Behavioral Health Services MUST be certified by DAABHS to provide those services. Providers will diagnose children through the age of 47 months based on the DC: 0-3R”; from [PRiSM profile](#) on parent-child dyadic treatment and DC:0-5 in Arkansas: “The state... convened an Infant and Early Childhood Mental Health Standards Workgroup to develop an approval process for clinicians providing services for children ages 0-47 months under Medicaid. To meet these standards, clinicians must complete training in the DC:0-5... and have completed (or be actively participating in) training for an approved evidence-based dyadic treatment model appropriate for children 0-47 months of age.”)

States with **guidance recommending** use of DC:0-5:

- [Colorado](#) (see [PRiSM profile](#) for additional information on DC:0-5 implementation in Colorado).

Additional Provisions in State Legislation/Policy

Arkansas: “Medicaid covers dyadic treatment in Arkansas, but only approved providers (those meeting the Infant Mental Health Standards) can bill for it using codes reserved for these providers. Evidence-based dyadic treatment delivered by these providers is reimbursed at a 10 percent higher rate” (from [PRiSM profile](#) on parent-child dyadic treatment and DC:0-5 in Arkansas).

Minnesota: “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” (from [PRiSM profile](#) on DC:0-5 implementation in Minnesota).

[Washington](#): Legislation also allows reimbursement for three to five sessions for mental health intake and assessment and for mental health assessments in home or community settings, including reimbursement for clinician travel.

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