



**ZERO TO THREE**  
Early connections last a lifetime

# DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: A Briefing Paper

The first 3 years of life are a time of tremendous and rapid growth and development. Early experiences determine the course of children's emotional development, affecting early learning, behavior, relationships, and the ways in which children react and respond to the world around them for the rest of their lives.<sup>1</sup>

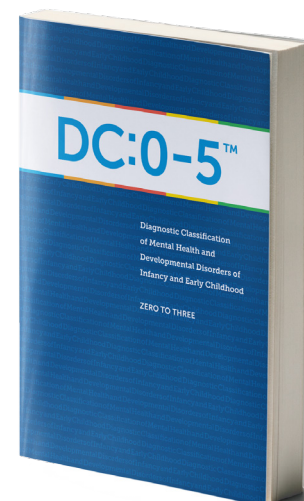
Infants and toddlers can have mental health and developmental disorders that affect development. These include disorders that are specific to that stage of development (e.g., Excessive Crying Disorder) as well as general disorders that manifest themselves in particular ways in the infant-toddler population (e.g., Social Phobia and Autism Spectrum Disorder).<sup>2</sup> However, these disorders—if properly identified using diagnostic criteria relevant to infant and early childhood development and experiences—can be effectively treated.

Over the last few decades, much progress has been made to describe and categorize mental health disorders specific to infants and toddlers with the development of *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–3), the revised edition, *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised Edition* (DC:0–3R) and now *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5). See the box on page 3 for definitions of these and other key terms.

This briefing paper will introduce DC:0–5, discuss why it is important, and provide policy recommendations.

## What Is DC:0–5?

DC:0–5, the revised and updated DC:0–3R, was created to provide developmentally specific diagnostic criteria and information about mental health disorders in infants and young children. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and World Health Organization's *International Classification of Diseases* (ICD) are comparable classification systems for older children and adults. The most recent edition of the DSM (DSM-5) has made some attempt to be more developmentally sensitive, but it still does not sufficiently capture the range of disorders typically



## DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: A Briefing Paper

seen in infancy and early childhood.<sup>3</sup>

DC:0–5 is designed to help mental health and other professionals:

- recognize mental health and developmental challenges in infants and young children, through 5 years old;
- understand that relationships and psychosocial stressors contribute to mental health and developmental disorders and incorporate contextual factors into the diagnostic process;
- use diagnostic criteria effectively for classification, case formulation, and designing intervention; and
- facilitate research on mental health disorders in infants and young children.<sup>4</sup>

There are several notable new features of DC:0–5.

- DC:0–5 describes disorders occurring in infants/young children through 5 years old.
- DC:0–5 extends criteria to younger ages when appropriate, including in some instances the first year of life.
- DC:0–5 introduces several new disorders including Relationship Specific Disorder of Infancy/Early Childhood, Disorder of Dysregulated Anger and Aggression of Early Childhood, and Early Atypical Autism Spectrum Disorder.
- DC:0–5 provides corresponding DSM-5 and ICD-10 codes for each disorder.<sup>5</sup>

### Why Is DC:0–5 Important?

Prior to the release of DC:0–3, clinicians and researchers lacked any widely accepted system for classifying mental health and developmental disorders for infants and toddlers. Existing classification systems, such as the DSM, did not pay adequate attention to the unique developmental and relational experiences of infants and very young children. These systems did not adequately reflect mental health disorders that are typically first diagnosed in infancy and early childhood, such as regulatory disorders and caregiver-child relationship disturbances. DC:0–5 provides a common language that allows individuals across disciplines—mental health clinicians, counselors, physicians, nurses, early interventionists, social workers, and researchers—to communicate accurately and efficiently with each other and to link to knowledge about early childhood disorders. It is an important tool for clinicians, researchers, faculty, and policymakers.

### Recommendations for Policymakers

Financing infant and early childhood mental health (IECMH) services is a challenge. Public insurance plans (e.g., Medicaid and the State Children’s Health Insurance Program) and commercial plans may



#### Policy Recommendations in Brief

1. Require the use of DC:0–5 for diagnosis, treatment, and research purposes for children birth through 5 years old.
2. Ensure that public and commercial health and behavioral health insurance plans include language to allow billing for promotion and prevention as well as for diagnosis and treatment services under DC:0–5 diagnoses.
3. Build workforce capacity by providing training and consultation in the use of developmentally appropriate tools to providers who assess, diagnose, or treat infants, young children, and their families.

## DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: A Briefing Paper

not recognize IECMH disorders, may not be aware of appropriate providers or evidence-based prevention and treatment, and the current definitions of “medical necessity” may not be appropriate for infants and young children. In addition, while there is nothing in federal Medicaid policy that prohibits reimbursement for IECMH services, the majority of states struggle to consistently and effectively use Medicaid (including the Early and Periodic Screening, Diagnostic, and Treatment program) and other health insurance to cover IECMH services.

One of the major barriers surrounding reimbursement is related to diagnoses for infants and very young children. Most state Medicaid policies require eligible children to have a mental health diagnosis to establish “medical necessity” before a treatment plan can be approved and billed. Even though adult, adolescent, and even some childhood diagnostic codes from the DSM-5 and the ICD-10 are inappropriate for infants and very young children, most insurance plans do not accept diagnoses from DC:0–5.

Recommendations for policymakers include:

1. **Require the use of DC:0–5 for diagnosis, treatment, and research purposes for children birth through 5 years old.** State policymakers, especially state mental health directors, state Medicaid directors, and managed care administrators, should recognize DC:0–5 as the most appropriate system for diagnosis, treatment, clinical communication, and research purposes for children through 5 years old and should require its use in insurance plans and managed care contracts. State policies should crosswalk DC:0–5 and adult, adolescent, and child diagnostic codes (i.e., DSM-5 and ICD-10) to facilitate billing through Medicaid, if the billing system cannot accommodate DC:0–5. A crosswalk for DC:0–5, DSM-5, and ICD-10 has been developed as a guide to enable payment for IECMH services. For more information, please refer to: <http://zerotothree.org/dc05crosswalk>.
2. **Ensure that public and commercial health and behavioral health insurance plans include language to allow billing for promotion and prevention as well as for diagnosis and treatment services under DC:0–5 diagnoses.** State policymakers should create consistent, accessible mental health benefits for all young children and families. Clear, developmentally appropriate diagnostic criteria will lead to effective treatment plans and help to improve outcomes. Insurers are doing a disservice to infants, young children, and families by not requiring

### Key Terms

#### **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–3):**

DC:0–3, published in 1994 by ZERO TO THREE, was the first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers. It was created by child development and mental health experts.

#### **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0–3R):**

DC:0–3R was published in 2005 by ZERO TO THREE and strengthened DC:0–3 by incorporating empirical research and clinical practice. It supported the clinician in diagnosing and treating mental health problems in the earliest years.

#### **DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5™):**

DC:0–5 was published in December 2016. It revised and updated DC:0–3R by expanding the age range from 3 years old to 5 years old, extending criteria to younger ages, and including all disorders relevant for young children.

#### **Diagnostic and Statistical Manual of Mental Disorders (DSM):**

DSM, published by the American Psychiatric Association, provides guidance to mental health professionals on diagnosing and treating mental health disorders in children and adults. It is used by third-party payers to make decisions about reimbursement. The codes in DSM are designed to align with the codes in the International Classification of Diseases and Related Health Problems (ICD), which is the most widely used classification system in the world. The DSM is now in its fifth edition.

#### **International Classification of Diseases (ICD):**

ICD is the standard diagnostic tool for epidemiology, health management, and clinical purposes. It is used to monitor the incidence and prevalence of disease and is the official system for assigning codes to diagnoses and procedures that are used for reimbursement decision making. ICD is now in its tenth edition.

**Crosswalk:** A crosswalk provides a means of connecting diagnostic codes between different classification systems to facilitate billing. In many states, the crosswalk has been an important tool for infant and early childhood mental health providers to bill for treatment services under existing adolescent and adult codes while making appropriate diagnostic assessments of young children.

## DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: A Briefing Paper

a developmentally appropriate diagnostic tool, DC:0–5, along with the crosswalk to facilitate billing. Policymakers should ensure that Medicaid and other public and commercial health and behavioral health insurance plans include language to allow for promotion and prevention activities (e.g., expanded developmental services at well-child visits, follow-up on pregnancy-related depression and psychosocial screening, and consultation for typical developmental issues), and for diagnosis and treatment services under DC:0–5 diagnoses, or via a crosswalk between these diagnoses and adult, adolescent, and child mental health disorder codes in DSM-5 and ICD-10.

3. **Build workforce capacity by providing training and consultation in the use of developmentally appropriate tools to providers who assess, diagnose, or treat infants, young children, and their families.** State policymakers, and others involved in professional development (e.g., colleges and universities, professional associations), should ensure that there are multidisciplinary, cross-sector efforts to develop core knowledge and skills across the IECMH promotion, prevention, and treatment continuum. Best practice calls for the diagnosis of early childhood mental health disorders (a) within the context of a child's early relationships, family stressors, and environments, and (b) over at least three clinician visits. Specialized training in the use of DC:0–5 should be required of clinicians involved with the assessment, diagnosis, or treatment of infants, young children, and their families.

For more information, and to see other briefing papers in the series, please visit [www.zerotothree.org](http://www.zerotothree.org) and [www.zerotothree.org/DC05](http://www.zerotothree.org/DC05)



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## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at [www.zerotothree.org/policy-and-advocacy/social-and-emotional-health](http://www.zerotothree.org/policy-and-advocacy/social-and-emotional-health)

## Endnotes

- 1 Cohen, J., Oser, C., & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Retrieved from [www.zerotothree.org/public-policy/federal-policy/early-child-mental-health-final-singles.pdf](http://www.zerotothree.org/public-policy/federal-policy/early-child-mental-health-final-singles.pdf)
- 2 Zeanah, C. H., Carter, A., Cohen, J., Egger, H., Keren, M., Gleason, M. M., Lieberman, A., Mulrooney, K., & Oser, C. (2015). DC:0–3 to DC:0–3R to DC:0–5™ A new edition. *ZERO TO THREE Journal*, 35(3), 63–66.
- 3 Ibid.
- 4 ZERO TO THREE. (2016). *DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, DC: Author.
- 5 Zeanah, C.H., Carter, A., Cohen, J., Egger, H., Keren, M., Gleason, M.M., Lieberman, A., Mulrooney, K., & Oser, C. (2017). Introducing a new classification of early childhood disorders: DC:0–5™. *ZERO TO THREE Journal*, 37(3), 11-17.