 OPTUM®

Optum Idaho Diagnostic Classification 0-5 (DC: 0-5™) FAQs

Optum recently announced that it was reimbursing for the DC: 0-5 to select providers effective January 1: Provider Alert. The Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood (DC: 0-5) provides a mechanism similar to the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5, but is specifically designed for children under the age of six.

Q1. **Who may bill this code/modifier combination?**

A1. Optum will reimburse for master's level clinicians (and higher) who already have the Alliance for the Advancement of Infant Mental Health and the Michigan Association for Infant Mental Health (MI-AIMH) endorsement, or who are still actively in the process of obtaining training for this endorsement with the support of Zero to Three and Optum.

Q2. **Are there limits on billing the H1011-HA code? Does DC: 0-5 require prior authorization?**

A2. No. There are no limits on billing for the DC: 0-5. However, recommended guidelines are that DC:0-5 may take up to 3-5 hours per assessment interval. This would equate to 12-20 units (4 units = 1 hour per diagnostic episode). This service does not require prior authorization, but will be managed via outlier management, e.g. Optum will analyze claims information to identify cases that may benefit from a clinical review when utilization exceeds the guidelines. These guidelines do not indicate there is a hard limit and there is no requirement for an authorization to exceed the indicated hours.

Q3. **Would this take the place of the CDA/90791?**

A3. No. The CDA/90791 is a requirement for every member. If completed first, the CDA can be used to determine whether or not the DC:0-5 is appropriate for a certain child.

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Q4. **Would this take the place of the CANS/H0031?**

A4. No. The CANS is not a diagnostic tool, but rather an assessment of strengths and needs, so DC: 0-5 would not replace the CANS. Every child still needs the CANS, as the CANS remains applicable to this population. DC: 0-5 similarly is not an assessment tool, but a diagnostic classification which is formulated based on clinical assessment. DC: 0-5 recommends three to five diagnostic assessment sessions before rendering a clinical disorder diagnosis. DC: 0-5 is a multiaxial diagnostic framework.

Q5. **I've never used the H1011 code, so I'm not familiar with it. Any guidance on the use of the original H1011 code and the new H1011-HA code would be greatly appreciated.**

A5. In order to bill for DC: 0-5, the HA modifier must be used with H1011, as that unique code/modifier combination was set up for the DC: 0-5 only. At this time, only a select group of providers will be allowed to use it (please see Q1 above). The original H1011 code without a modifier isn't relevant to the DC: 0-5 use.