Examples of Neurodevelopmental Disorders that may require behavioral health intervention:

1. Intellectual Disability 319 (F79)
   1. Need confirmation of cognitive **and** adaptive behavior assessment
2. Global Developmental Delay 315.8 (F88)
   1. This is really considered a pre-cursor to ID (specifically when a child is too young or cannot yet participate in standardized cognitive assessments). It should include delays across multiple domains (e.g., language, social, motor, adaptive behavior, etc)
      1. Example: Child who has not yet had formal cognitive assessment (or is too young for that) but has clear delays across multiple areas, including cognitive impairment, (possibly co-occurring genetic/medical condition)
3. Language Disorder 315.32 (F80.2)
   1. Most appropriate for children 4 and over who demonstrate clear and significant deficits in receptive and/or expressive language.
4. Autism Spectrum Disorder 299.0 (F84)
5. Attention Deficit Hyperactivity Disorder – requires symptoms across settings (e.g., home and school). Reserve for kids *at least* 4 years old, but more likely school age (5 and older). **Impairment is clinically significant as compared to “hyperactivity”, “dysregulation” that might be within age expected norms (Also consider – are these learned behaviors? Is child just responding to lack of structure and inconsistent consequences/reinforcement?**
   1. Combined 314.01 (F90.2)
   2. Inattentive type 314.00 (F90.0)
   3. Hyperactive/impulsive type 314.01 (F90.1)
6. Unspecified Attention Deficit Hyperactivity Disorder 314.01 (F90.9)
   1. Symptoms characteristic of ADHD that cause **clinically significant impairment that is beyond age based expectations,** but there is insufficient information to make a more specific diagnosis of ADHD (e.g., child not in school and cannot confirm symptoms present across settings but ADHD is still a clinical concern).
7. Unspecified Neurodevelopmental Disorder 315.9 (F89)
   1. This applies to symptoms characteristic of any of the above (or a combination of above), that cause impairment in functioning, but do not yet meet full criteria for a more specific diagnosis (e.g., a child who struggles, at clinical level, with regulating their behavior and has developmental delays but does not yet fit the above specific diagnoses)
   2. Also applies when there are concerns for any of the above disorders but insufficient information to make a more specific diagnosis.
   3. Sometimes used when presentation is just unclear and questions about differentials are needed (ADHD vs. ASD or ASD vs. ID)
   4. These are cases where a more comprehensive evaluation is typically recommended or a reevaluation following intervention to see how child is responding