

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

# EIDBI Authorization Request

The EIDBI provider agency uses this form to request authorization for EIDBI services that exceed the service limit threshold (e.g., additional CMDE in a calendar year, etc.). For service limit thresholds, see the [EIDBI billing grid \(PDF\)](#).

The provider must consult with parent/legal representative about the request. The parent/legal representative's signature indicates he/she approves of the request.

## How to submit

Submit form to the state medical review agent or the recipient's corresponding health plan. If you have additional questions, use the [DSD Contact Form](#) to reach EIDBI policy staff.

## Administrative contact

FIRST NAME	LAST NAME	PHONE NUMBER	DATE
------------	-----------	--------------	------

## Information

### Person who receives services

Verify Medical Assistance eligibility using MN-ITS or call 651-431-4399 or 800-657-3613.

FIRST NAME	MI	LAST NAME	RECIPIENT ID	DATE OF BIRTH
------------	----	-----------	--------------	---------------

### EIDBI provider agency

AGENCY NAME			PROVIDER NPI
EMAIL ADDRESS		PHONE NUMBER	FAX NUMBER (if applicable)
STREET ADDRESS	CITY	STATE	ZIP CODE

### CMDE provider or qualified supervisor professional (QSP)

NAME	PHONE NUMBER
------	--------------

### Parent(s)/legal representative(s)

1.	NAME	RELATIONSHIP	PHONE NUMBER
2.	NAME (if applicable)	RELATIONSHIP	PHONE NUMBER

## Service line information

Ensure that the start and end dates reflect the dates that the actual service was provided and will be billed for on the claim(s). (Note: You can add up to four modifier codes.)

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

PROCEDURE CODE	MODIFIER 1, if app.	MODIFIER 2, if app.	MODIFIER 3, if app.	MODIFIER 4, if app.	DIAGNOSIS CODE(s)	
START DATE	END DATE	RATE/CHARGE	QUANTITY/UNITS	RENDERING PROVIDER NPI/UMPI		TOTAL AMOUNT
SERVICE DESCRIPTION/COMMENTS						

## Justification

Provide a clinical rationale for requesting additional EIDBI services beyond the service limit threshold. Include your attempts to retrieve any previous documentation related to the request.

--

## Signatures

### CMDE provider or qualified supervisor professional (QSP)

SIGNATURE	NPI/UMPI	DATE OF CMDE/QSP SIGNATURE
-----------	----------	----------------------------

### Parent/legal representative 1

SIGNATURE	DATE
-----------	------

### Parent/legal representative 2 (optional)

SIGNATURE	DATE
-----------	------

**651-431-4300 or 866-267-7655**

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ: ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

សំណួរសំខាន់ៗ: បើអ្នកមានបញ្ហាអំពីការបកប្រែឯកសារនេះ ឬប្រសិនបើលោក/នាងចង់បានការជំនួយបន្ថែម សូមទូរស័ព្ទលេខខាងលើ។

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-431-4300 or 866-267-7655 (toll free), or use your preferred relay service. ADA1 (2-18)