

EIDBI Authorization

Early Intensive Developmental and Behavior Intervention

Please visit <https://mnscha.org> to view the Provider Manual & Provider Prior Authorization grid.

Inaccurate, insufficient, or illegible forms will be returned to the sender.

Required Documentation:

- **Authorizations must not exceed 180 days**
- Individual Treatment Plan (ITP) – including the complete Signature Page
- Comprehensive Multi-Disciplinary Evaluation (CMDE) – including the complete Signature Page

Member Information			*Required for all requests	
Name:		ID Number:		
Street Address:		Date of Birth:		
City & State:		Zip:	Phone #:	
Servicing Provider Information (Facility)				
Facility Name:		NPI:		
		TIN:		
Street Address:		Phone:		
City & State:		Zip:	Fax:	
Clinical Information				
*Required for all requests				
Date of most recent Treatment Plan / ITP:				
Date of most recent CMDE:				
Primary diagnosis code (ICD 10):		Description:		
Secondary diagnosis code (ICD 10):		Description:		
Services Requested				
*Required for all requests				
Start Date:		End Date:		
Service Code	Modifier(s)		Units	Frequency (visits per day, week, or month)

EIDBI Request Continued

Services Requested - Continued				
Service Code	Modifier(s)		Units	Frequency (visits per day, week, or month)

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits. Plan coverage must be in effect for the member at the time services are rendered.

Please allow 10 calendar days for this request to be processed.

Call our Provider Contact Center for questions related to claims