

## Early Intensive Developmental and Behavior Intervention (EIDBI) Authorization

Member Information				
Name:				
Address:				
ID Number:			Date of Birth:	
Provider Information				
Facility Name:				
Facility Address:				
Facility City / State:			Facility Zip:	
Facility NPI:			Facility TIN:	
Facility Phone Number:			Facility Fax Number:	
Clinical Information				
Date of most recent Comprehensive Multi-Disciplinary Evaluation (CMDE):				
Date of most recent Individual Treatment Plan (ITP):				
Date of most recent Diagnostic Assessment (DA):				
Primary diagnosis:			Secondary diagnosis:	
Service Information				
Service Code:	Modifiers:	Units:	Start Date	End Date:

**Please submit the following with this request:**

- Comprehensive Multi-Disciplinary Evaluation (CMDE): [DHS-7108](#)
- Individual Treatment Plan (ITP): [DHS-7109](#)
  - Must contain: Treatment goals, treatment objectives and outcomes
- Rationale for additional units of service – describe medical necessity for continued service

Please follow government thresholds and authorization requirements for continued services.

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.

***Contact the Provider Contact Center for questions related to claims.***