

## Early Intensive Developmental and Behavioral Intervention (EIDBI) billing grid

**Provider type code = (EI)** for all EIDBI services, including both practice types: **Group (06)** and **Individual (01)**.

**Category of service (COS) and Minnesota service grouping (MSG) = 048: Early Intensive Developmental and Behavioral Intervention (EIDBI)** on the EIDBI provider enrollment record.

**Billing instructions:** If the face-to-face time spent with the person is less than half the time of the code time, then do not bill that code. For example, for 15-minute codes, do not bill when time spent with the person is less than eight minutes.

**Telemedicine services = Place of Service (POS) code (02).** Telemedicine services may be billed up to three times per week per person.

All services must be authorized, except as indicated in the Service Agreement Needed column. All service limits apply to the person receiving services.

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits QSP Required	Unit	Person or Service Limits
Comprehensive Multi-Disciplinary Evaluation (CMDE): Behavior identification assessment	Enrolled CMDE provider	97151	UB	AM, TG, HP, HK, HO	100%	No	Maximum two CMDE providers.	1 = 15 mins	One CMDE allowed annually without a service agreement (maximum of 40 units).
Comprehensive Multi-Disciplinary Evaluation (CMDE): Behavior identification assessment	CMDE Clinical Trainee	97151	UB	HP, HK, HO, HN	100% (Billed at rate of supervisor)	No	Maximum two CMDE providers.	1 = 15 mins	One CMDE allowed annually without a service agreement (maximum of 40 units).
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Qualified Supervising Professional (QSP)	H0032	UB	HK	100%	<b>Initial ITP:</b> One initial ITP a year without authorization.  <b>Progress monitoring ITP:</b> Requires a service agreement.	<b>QSP Required</b>	1 = per encounter	<b>Initial ITP:</b> Up to 60 units.  <b>Progress monitoring ITP:</b> A maximum of 30 units per service agreement (180 days).
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level I provider	H0032	UB	HP, HO, HN	100%	<b>Initial ITP:</b> One initial ITP a year without authorization.	<b>QSP Required</b>	1 = per encounter	<b>Initial ITP:</b> Up to 60 units.

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits QSP Required	Unit	Person or Service Limits
						<b>Progress monitoring ITP:</b> Requires a service agreement.			<b>Progress monitoring ITP:</b> A maximum of 30 units per service agreement (180 days).
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level II provider	H0032	UB	HN, HM	80%	<b>Initial ITP:</b> One initial ITP a year without authorization.  <b>Progress monitoring ITP:</b> Requires a service agreement.	<b>QSP Required</b>	1 = per encounter	<b>Initial ITP:</b> Up to 60 units.  <b>Progress monitoring ITP:</b> A maximum of 30 units per service agreement (180 days).
Coordinated Care Conference: Medical Team Conference	CMDE provider	99366	UB	AM, TG, HP, HK, HO	100%	No	No more than one provider from the same specialty	30 minutes or more	
Coordinated Care Conference: Medical Team Conference	Qualified Supervising Professional (QSP)	99366	UB	HK	100%	No	No more than one provider from the same specialty	30 minutes or more	
Coordinated Care Conference: Medical Team Conference	Enrolled Level I provider	99366	UB	HP, HO, HN	100%	No	No more than one provider from the same specialty	30 minutes or more	
Coordinated Care Conference: Medical Team Conference	Enrolled Level II provider	99366	UB	HN, HM	80%	No	No more than one provider from the same specialty	30 minutes or more	
EIDBI Intervention – Individual: Adaptive behavior treatment by protocol	Qualified Supervising	97153	UB	HK	100%	Yes	<b>QSP Required</b>	1 = 15 mins	8 hours per day

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits QSP Required	Unit	Person or Service Limits
	Professional (QSP)								
EIDBI Intervention – Individual: Adaptive behavior treatment by protocol	Enrolled Level I provider	97153	UB	HP, HO, HN	100%	Yes	<b>QSP Required</b>	1 = 15 mins	8 hours per day
EIDBI Intervention – Individual: Adaptive behavior treatment by protocol	Enrolled Level II provider	97153	UB	HN, HM	80%	Yes	<b>QSP Required</b>	1 = 15 mins	8 hours per day
EIDBI Intervention – Individual: Adaptive behavior treatment by protocol	Enrolled Level III provider	97153	UB	HM	50%	Yes	<b>QSP Required</b>	1 = 15 mins	8 hours per day
EIDBI Intervention – Group: Group adaptive behavior treatment by protocol	Enrolled Qualified Supervising Professional (QSP)	97154	UB	HK	100%	Yes	<b>QSP Required</b> No more than eight people in a group	1 = 15 mins	3 hours per day Up to 8 people in a group
EIDBI Intervention – Group: Group adaptive behavior treatment by protocol	Enrolled Level I provider	97154	UB	HP, HO, HN	100%	Yes	<b>QSP Required</b> No more than eight people in a group	1 = 15 mins	3 hours per day Up to 8 people in a group
EIDBI Intervention – Group: Group adaptive behavior treatment by protocol	Enrolled Level II provider	97154	UB	HN, HM	80%	Yes	<b>QSP Required</b> No more than eight people in a group	1 = 15 mins	3 hours per day Up to 8 people in a group
EIDBI Intervention – Group: Group adaptive behavior treatment by protocol	Enrolled Level III provider	97154	UB	HM	50%	Yes	<b>QSP Required</b> No more than eight people in a group	1 = 15 mins	3 hours per day Up to 8 people in a group

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits QSP Required	Unit	Person or Service Limits
Intervention - Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	Enrolled Qualified Supervising Professional (QSP)	97155	UB	HK	100%	Yes	QSP Required	1 = 15 mins	6 hours per day
Intervention - Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	Enrolled Level I provider	97155	UB	HP, HO, HN	100%	Yes	QSP Required	1 = 15 mins	6 hours per day
Intervention - Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	Enrolled Level II provider	97155	UB	HN, HM	80%	Yes	QSP Required	1 = 15 mins	6 hours per day
Intervention - Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	Enrolled Level III provider	97155	UB	HM	50%	Yes	QSP Required	1 = 15 mins	6 hours per day
Family/Caregiver Training and Counseling: Individual: Family adaptive behavior treatment guidance	Enrolled Qualified Supervising Professional (QSP)	97156	UB	HK	100%	Yes	QSP Required	1 = 15 minutes	4 hours per day
Family/Caregiver Training and Counseling: Individual: Family adaptive behavior treatment guidance	Enrolled Level I provider	97156	UB	HP, HO, HN	100%	Yes	QSP Required	1 = 15 minutes	4 hours per day
Family/Caregiver Training and Counseling: Individual: Family adaptive behavior treatment guidance	Enrolled Level II provider	97156	UB	HN, HM	80%	Yes	QSP Required	1 = 15 minutes	4 hours per day
Family/Caregiver Training and Counseling – Group: Multiple family group adaptive behavior treatment guidance	Enrolled Qualified Supervising Professional (QSP)	97157	UB	HK	100%	Yes	QSP Required Up to 8 sets of parents or caregivers	1 = 15 minutes	4 hours per day Up to 8 people or couples of caregivers in a group

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits QSP Required	Unit	Person or Service Limits
Family/Caregiver Training and Counseling – Group: Multiple family group adaptive behavior treatment guidance	Enrolled Level I provider	97157	UB	HP, HO, HN	100%	Yes	<b>QSP Required</b> Up to 8 sets of parents or caregivers	1 = 15 minutes	4 hours per day Up to 8 people or couples of caregivers in a group
Family/Caregiver Training and Counseling – Group: Multiple family group adaptive behavior treatment guidance	Enrolled Level II provider	97157	UB	HN, HM	80%	Yes	<b>QSP Required</b> Up to 8 sets of parents or caregivers	1 = 15 minutes	4 hours per day Up to 8 people or couples of caregivers in a group
Family/Caregiver Training and Counseling – Group: Multiple family group adaptive behavior treatment guidance	Enrolled Level III provider	97157	UB	HM	50%	Yes	<b>QSP Required</b> Up to 8 sets of parents or caregivers	1 = 15 minutes	4 hours per day Up to 8 people or couples of caregivers in a group
Travel Time	All	H0046	UB	All	100%	Yes		1 = 1 minute	Place of Service : 12- Home or 99- Other.

**Modifier provider type:**

- **AM: Psychiatrist (MD) or physician**
- **TG: Advanced practice registered nurse (APRN)**
- **HK: Qualified supervising professional (QSP)**
- **HP: Doctorate**
- **HO: Master’s degree**
- **HN: Bachelor’s degree**
- **HM: Less than bachelor’s degree**
- **UB: EIDBI modifier**