

Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit

Revised: [November 7, 2025](#)

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Review the [EIDBI Benefit Policy Manual](#) or take the [EIDBI 101 training for providers](#) for more information about the EIDBI benefit. Lead agencies should review the [EIDBI benefit](#) section of the Community-Based Services manual for more information.

Overview

The EIDBI benefit offers medically necessary services and supports to people under the age of 21 with autism spectrum disorder (ASD) or related conditions.

The purpose of the EIDBI benefit is to:

- Educate, train and support parents and families of people with ASD and related conditions
- Promote people's independence and participation in family, school and community life
- Improve long-term outcomes and quality of life for people and their families

Eligible Providers

To provide, bill and receive payment for EIDBI services, a provider must:

- Be enrolled as a Minnesota Health Care Programs (MHCP) provider. Visit the [Enroll with Minnesota Health Care Programs](#) webpage to learn more.
- Meet all applicable provider qualifications and requirements, including conducting background studies using [NETStudy 2.0](#) as required by state and federal law. Visit [EIDBI Background Studies](#) webpage to learn more.
- Meet provisional licensing requirements. Visit the [EIDBI licensing](#) webpage for application details and more information.
- Have a Minnesota Department of Human Services (DHS)-approved service authorization (SA) to provide EIDBI services for the person. The full details for those services are available in the [EIDBI billing grid](#).

Refer to the [Overview of EIDBI Providers](#) webpage in the EIDBI Benefit Policy Manual for more information. Refer to the [Provider Basics](#) section of the MHCP Provider Manual for general MHCP provider requirements.

Provider Enrollment

Follow the instructions on the [Early Intensive Developmental Behavioral Intervention \(EIDBI\) Provider Enrollment Criteria and Forms](#) webpage to enroll as an EIDBI provider with MHCP. All MHCP providers must register a [MN-ITS](#) account.

Eligible Members

A person is eligible to receive EIDBI services if the person meets all the following criteria:

- Has autism spectrum disorder (ASD) or a related condition
- Has had a comprehensive multi-disciplinary evaluation (CMDE) that establishes his or her medical need for EIDBI services
- Is enrolled in Medical Assistance (MA), MinnesotaCare, Minnesota Tax Equity and Fiscal Responsibility Act (TEFRA) or other qualifying health care programs
- Is under age 21

Refer to the [Eligibility for EIDBI services](#) section of the EIDBI Benefit Policy Manual for more information.

Covered Services

The EIDBI benefit covers the following services:

- [Comprehensive multi-disciplinary evaluation \(CMDE\)](#)
- [Individual treatment plan \(ITP\) development and progress monitoring](#)
- [Coordinated care conference](#)
- [Intervention – individual, group and higher intensity](#)
- [Observation and direction](#)
- [Family or caregiver training and counseling](#)
- [Telehealth](#)
- [Travel time](#)

Only eligible provider types may perform each service. Telehealth is an option for some EIDBI services. Refer to the [EIDBI services](#) section of the EIDBI Benefit Policy Manual for more information.

Noncovered Services

For a list of noncovered services, refer to the [EIDBI services](#) section of the EIDBI Benefit Policy Manual.

Access Services

EIDBI does not cover transportation and language interpreter services. As an MHCP provider, it may be covered through access services. Refer to the MHCP Provider Manual's [Access Services](#) section for more information.

Service Authorization

Some EIDBI services require service authorization (SA). The authorization requirement safeguards against inappropriate and unnecessary use of health care services under state and federal law.

The SA allows qualified providers to bill and receive payment from MHCP after providing EIDBI services. However, having an approved SA does not guarantee MHCP payment. The provider must meet all other MHCP requirements to receive payment.

For information on transferring agencies or coordinating EIDBI with other services, review the [EIDBI services](#) section of the EIDBI Benefit Policy Manual.

Services that Require Authorization

The following services require authorization before service delivery:

- Family or caregiver training and counseling
- Intervention – individual, group and higher intensity
- Observation and direction

- Travel time

Services that Do Not Require Authorization

The following services do not require authorization before service delivery, unless the service limit thresholds outlined on the [EIDBI billing grid](#) have been exceeded. All service limits apply to the person receiving services, not the provider.

- Individual Treatment Plan (ITP) development and progress monitoring.
- The Comprehensive Multi-Disciplinary Evaluation (CMDE), once per year per person without authorization. (The CMDE is not required every year but is required at least once every three years or as clinically necessary.)
- Coordinated care conferences do not require service authorization.

Process

Information in this section pertains to fee-for-service MHCP members only. If the person is enrolled in a prepaid health plan (PPHP), contact the appropriate managed care organization for authorization requirements. When people have private insurance, follow the primary insurance's authorization procedures and other applicable rules.

MHCP's current medical review agent is Acentra Health (formally Keystone Peer Review Organization (KEPRO)). MHCP contracts with Acentra Health to process EIDBI service authorization requests. Before requesting an authorization for the first time, contact [Acentra Health](#) to let them know you are a new provider and give them your National Provider Identifier (NPI) number.

Note the following timelines in the EIDBI service authorization process:

- Each EIDBI service authorization request cannot exceed a 180-day span.
- Complete and submit a person's annual CMDE at least 30 days, but no more than 60 calendar days, before the end date of the current service authorization period.
- The ITP and CMDE may be signed on the same day, but the ITP must not be signed before the CMDE is completed.
- Acentra Health may retroactively approve up to 180 days for services that require authorization. The qualified providers and legal representative must sign the ITP and CMDE before delivering any of these services.

Responsibilities

The **comprehensive multi-disciplinary evaluation (CMDE) provider** is responsible to:

- Check eligibility in MN-ITS to determine whether the member is receiving EIDBI benefits through fee-for-service or is enrolled in a prepaid health plan
- Submit the completed [CMDE Medical Necessity Summary Information \(DHS-7108\) \(PDF\)](#), including the CMDE signature page, to the web-based [Acentra Health Atrezzo portal](#).
 - **Note:** An EIDBI provider agency may submit a CMDE for medical necessity when the family or another provider gives the EIDBI provider agency a complete copy of the CMDE.
- Ensure that all documentation in the CMDE is complete and accurate before submission.

The **Qualified Supervising Professional (QSP)** is responsible to:

- Receive medical necessity approval before submitting the ITP
- Submit the completed [Individual Treatment Plan \(ITP\) and Progress Monitoring \(DHS-7109\) \(PDF\)](#), including the ITP signature page to the web-based [Acentra Health Atrezzo portal](#)
- Ensure that all documentation is complete and accurate before submission

- Coordinate other health, mental health, and home and community-based services to ensure that the person receives services that are the most appropriate and effective in meeting the person's needs

In general, the **EIDBI provider agency** is responsible to:

- Use the [Acentra Health Atrezzo portal](#) to submit information to and communicate with Acentra Health. Acentra Health will not accept documentation sent via fax or mail, and the MN-ITS message screen has limited space.
- Reference the [Acentra Health Atrezzo portal](#) to check the status of the CMDE. Because the annual CMDE does not require authorization, a SA is not created and a notification will not be sent via MN-ITS.

Acentra Health will do the following within **five business days** of receiving the CMDE:

- Verify that all the required components of the CMDE are present
- Pend the case and notify providers through the Atrezzo message inbox if additional information is needed
- Review the documentation and make a medical necessity determination

Acentra Health will do the following within **10 business days** of receiving the ITP:

- Enter information from the ITP and CMDE into Medicaid Management Information System (MMIS)
- Verify all required components of the ITP are present
- Put the case in pended status and notify providers through the Atrezzo message inbox if more information is needed
- Complete an integrated review process of the CMDE, ITP and other MHCP-covered services the person receives to determine authorization for EIDBI services

If **Acentra Health** puts the case in pending status in the Atrezzo portal and requests additional information:

- The provider has **15 calendar days** to upload the requested information or make the requested corrections. The provider must submit **all** the additional information requested at one time to **Acentra Health**.
- Acentra Health has **three business days** from when it receives the additional information to review and make an approval or denial determination.

Request Change to Approved Service Agreement

The provider may request an adjustment to an existing, approved service agreement on the ITP and submit to the medical review agent. Review the [How to complete ITP and Progress Monitoring, DHS-7109](#) EIDBI Benefit Policy Manual webpage for instructions about how to complete this form.

Request Additional Authorization of Services

Complete and submit [EIDBI Authorization Request \(DHS-3806\) \(PDF\)](#) to request authorization for EIDBI services that exceed the service limit threshold outlined on the [EIDBI billing grid](#) (for example, additional CMDE in a calendar year). Refer to [Instructions to complete the EIDBI Authorization Request form \(DHS-3806A\) \(PDF\)](#) for instructions on how to complete and submit the form. DHS recommends a prior authorization request for these additional services; however, the medical review agent will accept authorization requests after the service is provided. Submitting a request for additional authorization of services does not guarantee an approval or MHCP payment. The medical review agent has **10 business days** from when the form is received to review and decide.

Transition and/or Discharge from an agency

The QSP should download and complete [EIDBI transition and/or discharge summary \(DHS-7109A\) \(PDF\)](#) electronically when a transition or discharge occurs. This form is optional but recommended to complete when a discharge or transition occurs. Review the [How to complete ITP and Progress Monitoring, DHS-7109](#) EIDBI Benefit Policy Manual for instructions on how to complete the form. Submit DHS-7109A to the medical review agent or the person's corresponding health plan. For changes to an existing service agreement, upload the form to the approved case. Be sure to adjust the units to reflect the requested changes. The medical review agent has **20 business days** from when the form is received to review and make the requested changes.

Resources

Contact the Acentra Health provider call center at 866-433-3658 or 612-354-5589 for the following:

- Login credentials
- Portal access
- Questions regarding the status of submitted cases
- Submit additional documentation on an existing case
- Training on how to create a new case

Refer to the [Acentra Health/MHCP website](#), [EIDBI Atrezzo Provider Portal Training \(PPT\)](#), [Atrezzo Provider Portal—Create Case Training Video](#) and the [Authorization](#) section of the MHCP Provider Manual for more information.

Refer to the [Comprehensive multi-disciplinary evaluation \(CMDE\)](#) and the [Individual treatment plan \(ITP\) development and progress monitoring](#) EIDBI Benefit Policy Manual webpages for instructions on how to complete the CMDE and ITP forms.

Refer to [Authorization](#) under Provider Basics in the MHCP Provider Manual for more information about authorization.

Refer to the [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Compliance and Program Integrity Guide \(DHS-8632\) \(PDF\)](#) for important links to training and tools to support compliance with EIDBI program standards. Review this document to ensure your agency is aligned with current expectations and best practices.

Billing

Refer to the [Billing Policy Overview](#) section of the MHCP Provider Manual for general MHCP billing requirements.

Refer to the [EIDBI Billing Grid](#) for:

- Service names
- Procedure codes
- Reimbursement percentage rates
- Modifiers
- Provider limits and requirements
- Units
- Service limits

Refer to the [MHCP Fee Schedule](#) for the most current rate information.

Billing when a member has primary commercial insurance

EIDBI providers are not required to bill a member's commercial insurance before billing Medicaid. MHCP or the MCO will seek reimbursement from third parties whenever claims have been paid for

which there is Third Party Liability. This is also referred to as the “pay and chase” method. This “pay and chase” process applies to both fee-for-service and managed care members.

The service must be provided first and then coordination of payment with the liable third party can occur, according to contract requirements and federal regulations.

However, if an EIDBI agency receives payment from another source, third-party liability reporting is still required.

Submitting Claims

To submit claims for EIDBI services:

- Use [MN-ITS](#) direct data entry (DDE) or your own X12 compliance software (batch billing system)
- Use the professional (837P) claim
- Follow the instructions in the [EIDBI Claims MN-ITS User Manual](#)

A claim submission must include:

- The pay-to provider
- The procedure code for the EIDBI service provided
- The appropriate modifiers
- The Unique Minnesota Provider Identifier (UMPI) or National Provider Identifier (NPI) of the rendering provider who delivered the service
- The supervising provider for any services that require the supervision of a QSP

All claims submitted for any services delivered by a Level III provider must have the UMPI or NPI number of the rendering provider.

When submitting claims for EIDBI services:

- Bill only for EIDBI services already provided
- Bill only for services approved on the SA
- Do not bill services that require an SA on the same claim as services that do not require an SA
- Submit your usual and customary charges for the service
- Use the most current and specific diagnosis codes
- Bill each day on a separate line in the claim.
- Use place of service (POS) 12 (home and community) for EIDBI services provided in a community setting, as outlined in the person’s Individual Treatment Plan
- Use POS 11 (office) for EIDBI services provided in a location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF) where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. For nondirect EIDBI services, such as treatment planning, review or progress monitoring without the client or caregiver present, providers should use POS 11 (office) to indicate the provider’s business location, including a home office.

Tribal providers should refer to [Tribal and Federal Indian Health Services](#) in the MHCP Provider Manual for more information.

Telehealth

Certain EIDBI services are eligible to be provided via telehealth. Services provided via telehealth have the same service thresholds, reimbursement rates and authorization requirements as services delivered in person. When services have been delivered via telehealth, the correct place of service

must be provided. MHCP does not reimburse for connection charges, or origination, set-up or site fees.

Refer to:

- [EIDBI telehealth services](#) in the EIDBI Policy Manual for specific information about delivering EIDBI services via telehealth
- [Telehealth services](#) section of the MHCP Provider Manual for general telehealth information and billing instructions. Telehealth modifiers and place of service codes must not be used for nondirect or nonclient-facing services. Telehealth applies only to services delivered in real time with the client or caregiver present.
- [Telehealth services](#) information in the EIDBI Provider Enrollment section of the MHCP Provider Manual to enroll to provide EIDBI services via telehealth

Refer to [Billing Policy Overview](#) under Provider Basics in the MHCP Provider Manual for more information.

Managed Care Organizations

EIDBI provider agencies that are enrolled in a health plan must follow the managed care organization's rules and guidelines to bill, obtain authorizations and enroll with the health plan. Refer to the [Managed Care Organizations \(MCOs\) and Prepaid Health Plans \(PPHPS\)](#) section for more information. Refer to the [EIDBI MCO Contact Information Grid \(PDF\)](#) for MCO contact information.

MCOs may require that the CMDE and ITP be submitted together for authorization.

MCO Enrollment of EIDBI Providers

MCOs must use the DHS weekly EIDBI enrollment report, Provider Enrollment (PECD) file, or the DHS Minnesota Provider Screening and Enrollment portal to identify and credential all Level 1, 2, 3, and QSP providers. After a provider submits a clean application, the MCO must decide within 45 days, unless there is a significant quality or safety concern that requires more review. If DHS shows an EIDBI agency as inactive or terminated in the report or portal, the MCO must update its records to match.

Special Needs BasicCare

Follow fee-for-service guidelines for service authorizations if a person who receives EIDBI services is enrolled in the Special Needs BasicCare program.

Definitions

Refer to the [EIDBI Benefit Policy Manual](#) for definitions.

Legal References

[Minnesota Statutes, 256B.0949 \(Autism Early Intensive Intervention Benefit\)](#)

[Approved Medicaid State Plan Amendment TN 17-06](#)

[Approved-Redacted Medicaid State Plan Amendment TN 18-12](#)

[Approved-Redacted Medicaid State Plan Amendment TN 19-06](#)

Additional Resources

[EIDBI advisory group webpage](#)

[DHS EIDBI benefit webpage](#)

[Brochure for EIDBI American Indian \(PDF\)](#)

[Brochure for EIDBI in English \(PDF\)](#)

[Brochure for EIDBI in Hmong \(PDF\)](#)

[Brochure for EIDBI in Karen \(PDF\)](#)
[Brochure for EIDBI in Oromo \(PDF\)](#)
[Brochure for EIDBI in Russian \(PDF\)](#)
[Brochure for EIDBI in Somali \(PDF\)](#)
[Brochure for EIDBI in Spanish \(PDF\)](#)
[Brochure for EIDBI in Vietnamese \(PDF\)](#)
[Minnesota Autism Resource Portal](#)
[MHCP – EIDBI Benefit Policy manual](#)
[MHCP provider directory](#)