

## Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit

All EIDBI providers will use provider type code **EI** for all EIDBI services including both practice types: **Group (06)** and **Individual (01)**.

The category of service (COS) and Minnesota service grouping (MSG) is **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 member 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 member is less than eight minutes. For additional codes, see last page of billing grid.

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

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits and Requirements QSP Required	Unit	Member Service Limits	Additional Notes
Comprehensive Multi-Disciplinary Evaluation (CMDE)	Enrolled CMDE Provider: Physician Psychiatrist MD	0359T	UB	AM		100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)	Enrolled CMDE Provider: Advanced Practice Registered Nurse (APRN)	0359T	UB	TG		100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)	Enrolled CMDE Provider: Mental Health Professional (MHP) Doctorate	0359T	UB	HP		100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)	Enrolled CMDE Provider: Mental	0359T	UB	HO		80%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.	The five days must be completed within a span of 30

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	Health Professional (MHP) Master's									Maximum of five units per CMDE provider	calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)	CMDE Clinical Trainee	0359T	UB	*See note in the Additional Notes column.		100% or the rate of the CMDE supervisor	No	Maximum two CMDE providers	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.  *Use the modifier that corresponds to the clinician's professional or education level that he or she is currently enrolled.
Comprehensive Multi-Disciplinary Evaluation (CMDE)—Telemedicine	Enrolled CMDE Provider: Physician Psychiatrist MD	0359T	UB	AM	POS 02	100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)—Telemedicine	Enrolled CMDE Provider: Advanced Practice Registered Nurse (APRN)	0359T	UB	TG	POS 02	100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.

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Comprehensive Multi-Disciplinary Evaluation (CMDE)—Telemedicine	Enrolled CMDE Provider: Doctorate	0359T	UB	HP	<i>POS 02</i>	100%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)—Telemedicine	Enrolled CMDE Provider: Master's	0359T	UB	HO	<i>POS 02</i>	80%	No	Maximum two CMDE providers.	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.
Comprehensive Multi-Disciplinary Evaluation (CMDE)	CMDE Clinical Trainee	0359T	UB	*See note in the Additional Notes column.	<i>POS 02</i>	100% or the rate of the CMDE supervisor	No	Maximum two CMDE providers	1 = Daily	One CMDE allowed annually without a service agreement.  Maximum of five units per CMDE provider	The five days must be completed within a span of 30 calendar days from the start date of the evaluation.  *Use the modifier that corresponds to the clinician's professional or education level that he or she is currently enrolled.
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Qualified Supervising Professional (QSP)	H0032	UB	HK	<i>UD</i>	100%	<b>Initial ITP:</b> One initial ITP every three years without authorization.	<b>QSP Required</b>  Maximum of three QSPs annually for each progress monitoring update.	1 = 15 minutes	<b>Initial ITP:</b> Up to 72 hours or 288 units.  <b>Progress monitoring ITP:</b> A maximum of 16	

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							<b>Progress monitoring ITP</b> Requires a service agreement.			hours or 64 units per six months.	
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level I Provider: Doctorate	H0032	UB	HP	UD	100%	<b>Initial ITP:</b> One initial ITP every three years without authorization.  <b>Progress monitoring ITP</b> Requires a service agreement.	<b>QSP Required</b>  Maximum of three QSPs annually for each progress monitoring update.	1 = 15 minutes	<b>Initial ITP:</b> Up to 72 hours or 288 units.  <b>Progress monitoring ITP:</b> A maximum of 16 hours or 64 units per six months.	
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level I Provider: Master's	H0032	UB	HO	UD	100%	<b>Initial ITP:</b> One initial ITP every three years without authorization.  <b>Progress monitoring ITP</b> Requires a service agreement.	<b>QSP Required</b>  Maximum of three QSPs annually for each progress monitoring update.	1 = 15 minutes	<b>Initial ITP:</b> Up to 72 hours or 288 units.  <b>Progress monitoring ITP:</b> A maximum of 16 hours or 64 units per six months.	
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level I Provider: Bachelor's	H0032	UB	HN	UD	100%	<b>Initial ITP:</b> One initial ITP every three years without authorization.  <b>Progress monitoring</b>	<b>QSP Required</b>  Maximum of three QSPs annually for each progress monitoring update.	1 = 15 minutes	<b>Initial ITP:</b> Up to 72 hours or 288 units.  <b>Progress monitoring ITP:</b> A maximum of 16 hours or 64 units per six months.	

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							ITP Requires a service agreement.				
Individual Treatment Plan (ITP) Development and Monitoring	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	H0032	UB	HN	UD	80%	<b>Initial ITP:</b> One initial ITP every three years without authorization.  <b>Progress monitoring</b> ITP Requires a service agreement.	<b>QSP Required</b>  Maximum of three QSPs annually for each progress monitoring update.	1 = 15 minutes	<b>Initial ITP:</b> Up to 72 hours or 288 units.  <b>Progress monitoring ITP:</b> A maximum of 16 hours or 64 units per six months.	
Coordinated Care Conference	Physician	T1024	UB	AM		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Advanced Practice Registered Nurse (APRN)	T1024	UB	TG		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Mental Health Professional (MHP) Doctorate	T1024	UB	HP		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Mental Health Professional (MHP) Master's	T1024	UB	HO		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Qualified Supervising Professional (QSP)	T1024	UB	HK		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Enrolled Level I Provider: Doctorate	T1024	UB	HP		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	

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Coordinated Care Conference	Enrolled Level I Provider: Master's	T1024	UB	HO		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Enrolled Level I Provider: Bachelor's	T1024	UB	HN		100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	T1024	UB	HN		80%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Physician	T1024	UB	AM	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Advanced Practice Registered Nurse (APRN)	T1024	UB	TG	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Mental Health Professional (MHP) Doctorate	T1024	UB	HP	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Mental Health Professional (MHP) Master's	T1024	UB	HO	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Qualified Supervising Professional (QSP)	T1024	UB	HK	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Enrolled Level I Provider: Doctorate	T1024	UB	HP	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Enrolled Level I Provider: Master's	T1024	UB	HO	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	

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Coordinated Care Conference—Telemedicine	Enrolled Level I Provider: Bachelor's	T1024	UB	HN	POS 02	100%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
Coordinated Care Conference—Telemedicine	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	T1024	UB	HN	POS 02	80%	No	Maximum of eight providers per one annual conference.	1 = Daily	One annually	
EIDBI Intervention: Individual	Qualified Supervising Professional (QSP)	0368T 0369T	UB	HK		100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Maximum of 6 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0368T = first 30 minutes 0369T = additional 30 minutes
EIDBI Intervention: Individual	Enrolled Level I Provider: Doctorate	0368T 0369T	UB	HP		100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Maximum of 6 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0368T = first 30 minutes 0369T = additional 30 minutes
EIDBI Intervention: Individual	Enrolled Level I Provider: Master's	0368T 0369T	UB	HO		100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Maximum of 6 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0368T = first 30 minutes 0369T = additional 30 minutes

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits and Requirements QSP Required	Unit	Member Service Limits	Additional Notes
EIDBI Intervention: Individual	Enrolled Level I Provider: Bachelor's	0368T 0369T	UB	HN		100%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Maximum of 6 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0368T = first 30 minutes  0369T = additional 30 minutes
EIDBI Intervention: Individual	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	0364T 0365T	UB	HN		80%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Maximum of 8 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0364T = first 30 minutes  0365T = additional 30 minutes
EIDBI Intervention: Individual	Support Specialist (Level III) - less than Bachelor's	0364T 0365T	UB	HM		50%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Maximum of 8 hours per day per provider per client.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0364T = first 30 minutes  0365T = additional 30 minutes
EIDBI Intervention: Group	Enrolled Qualified Supervising Professional (QSP)	0366T 0367T	UB	HK		100%	Yes	<b>QSP Required</b>  Maximum of six providers per session. Maximum of eight EIDBI providers a day.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0366T = first 30 minutes  0367T = additional 30 minutes

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits and Requirements QSP Required	Unit	Member Service Limits	Additional Notes
								No more than eight people may receive EIDBI Group Intervention services in one session.			
EIDBI Intervention: Group	Enrolled Level I Provider: Doctorate	0366T 0367T	UB	HP		100%	Yes	<b>QSP Required</b>  Maximum of six providers per session. Maximum of eight EIDBI providers a day.  No more than eight people may receive EIDBI Group Intervention services in one session.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0366T = first 30 minutes  0367T = additional 30 minutes
EIDBI Intervention: Group	Enrolled Level I Provider: Master's	0366T 0367T	UB	HO		100%	Yes	<b>QSP Required</b>  Maximum of six providers per session. Maximum of eight EIDBI providers a day.  No more than eight people may receive EIDBI Group Intervention services in one session.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0366T = first 30 minutes  0367T = additional 30 minutes
EIDBI Intervention: Group	Enrolled Level I Provider: Bachelor's	0366T 0367T	UB	HN		100%	Yes	<b>QSP Required</b>	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day	0366T = first 30 minutes

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits and Requirements QSP Required	Unit	Member Service Limits	Additional Notes
								Maximum of six providers per session. Maximum of eight EIDBI providers a day.  No more than eight people may receive EIDBI Group Intervention services in one session.		(an average of 40 hours per week).	0367T = additional 30 minutes
EIDBI Intervention: Group	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	0366T 0367T	UB	HN		80%	Yes	<b>QSP Required</b>  Maximum of six providers per session. Maximum of eight EIDBI providers a day.  No more than eight people may receive EIDBI Group Intervention services in one session.	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0366T = first 30 minutes  0367T = additional 30 minutes
EIDBI Intervention: Group	Support Specialist (Level III) - less than Bachelor's	0366T 0367T	UB	HM		50%	Yes	<b>QSP Required</b>  Maximum of six providers per session. Maximum of eight EIDBI providers a day.  No more than eight people may receive EIDBI Group	1 = 30 minutes	Total intervention (group and individual) units cannot exceed 18 units (9 hours) per day (an average of 40 hours per week).	0366T = first 30 minutes  0367T = additional 30 minutes

EIDBI Service Name	Professional or Education Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Reimbursement Percentage Rate	Service Agreement Needed (Yes/No)	Provider Limits and Requirements QSP Required	Unit	Member Service Limits	Additional Notes
								Intervention services in one session.			
Intervention Observation and Direction	Enrolled Qualified Supervising Professional (QSP)	0362T 0363T	UB	HK		100%	Yes	<b>*QSP Required</b> Maximum of two hours per day per provider. Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction	Enrolled Level I Provider: Doctorate	0362T 0363T	UB	HP		100%	Yes	<b>*QSP Required</b> Maximum of two hours per day per provider. Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction	Enrolled Level I Provider: Master's	0362T 0363T	UB	HO		100%	Yes	<b>*QSP Required</b> Maximum of two hours per day per provider. Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes 0363T = additional 30 minutes
Intervention Observation and Direction	Enrolled Level I Provider: Bachelor's	0362T 0363T	UB	HN		100%	Yes	<b>*QSP Required</b>	1 = 30 minutes		0362T = first 30 minutes

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								Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.			0363T = additional 30 minutes
Intervention Observation and Direction	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	0362T 0363T	UB	HN		80%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction: Telemedicine	Enrolled Qualified Supervising Professional (QSP)	0362T 0363T	UB	HK	POS 02	100%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction: Telemedicine	Enrolled Level I Provider: Doctorate	0362T 0363T	UB	HP	POS 02	100%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes

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Intervention Observation and Direction: Telemedicine	Enrolled Level I Provider: Master's	0362T 0363T	UB	HO	POS 02	100%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction: Telemedicine	Enrolled Level I Provider: Bachelor's	0362T 0363T	UB	HN	POS 02	100%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Intervention Observation and Direction: Telemedicine	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	0362T 0363T	UB	HN	POS 02	80%	Yes	<b>*QSP Required</b>  Maximum of two hours per day per provider.  Provider to provider ratio must be 1:1 at all times.	1 = 30 minutes		0362T = first 30 minutes  0363T = additional 30 minutes
Family/Caregiver Training and Counseling: Individual	Enrolled Qualified Supervising Professional (QSP)	T1027	UB	HK		100%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	

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								Provider to parent ratio must be 1:1 at all times.			
Family/Caregiver Training and Counseling: Individual	Enrolled Level I Provider: Doctorate	T1027	UB	HP		100%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual	Enrolled Level I Provider: Master's	T1027	UB	HO		100%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual	Enrolled Level I Provider: Bachelor's	T1027	UB	HN		100%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	T1027	UB	HN		80%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	

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								Provider to parent ratio must be 1:1 at all times.			
Family/Caregiver Training and Counseling: Individual-Telemedicine	Enrolled Qualified Supervising Professional (QSP)	T1027	UB	HK	POS 02	100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual-Telemedicine	Enrolled Level I Provider: Doctorate	T1027	UB	HP	POS 02	100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual-Telemedicine	Enrolled Level I Provider: Master's	T1027	UB	HO	POS 02	100%	Yes	<b>*QSP Required</b> Maximum of six providers per day. Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Individual-Telemedicine	Enrolled Level I Provider: Bachelor's	T1027	UB	HN	POS 02	100%	Yes	<b>*QSP Required*QSP Required</b> Maximum of six providers per day.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	

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								Provider to parent ratio must be 1:1 at all times.			
Family/Caregiver Training and Counseling: Individual-Telemedicine	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	T1027	UB	HN	<i>POS 02</i>	80%	Yes	<b>*QSP Required</b>  Maximum of six providers per day.  Provider to parent ratio must be 1:1 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	
Family/Caregiver Training and Counseling: Group	Enrolled Qualified Supervising Professional (QSP)	T1027	UB	HK	<i>HQ</i>	100%	Yes	<b>*QSP Required</b>  Provider to parent or caregiver ratio must be no more than 1:4 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	At least two parents or caregivers across two EIDBI recipients must be present at one time to bill for group training and counseling services.
Family/Caregiver Training and Counseling: Group	Enrolled Level I Provider: Doctorate	T1027	UB	HP	<i>HQ</i>	100%	Yes	<b>*QSP Required</b>  Provider to parent or caregiver ratio must be no more than 1:4 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	At least two parents or caregivers across two EIDBI recipients must be present at one time to bill for group training and counseling services.
Family/Caregiver Training and Counseling: Group	Enrolled Level I Provider: Master's	T1027	UB	HO	<i>HQ</i>	100%	Yes	<b>*QSP Required</b>  Provider to parent or caregiver ratio must be no more than 1:4 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	At least two parents or caregivers across two EIDBI recipients must be present at one time to bill for group training and counseling services.

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Family/Caregiver Training and Counseling: Group	Enrolled Level I Provider: Bachelor's	T1027	UB	HN	HQ	100%	Yes	<b>*QSP Required</b>  Provider to parent or caregiver ratio must be no more than 1:4 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	At least two parents or caregivers across two EIDBI recipients must be present at one time to bill for group training and counseling services.
Family/Caregiver Training and Counseling: Group	Enrolled Level II Provider: Bachelor's or otherwise qualified Level II Provider	T1027	UB	HN	HQ	80%	Yes	<b>*QSP Required</b>  Provider to parent or caregiver ratio must be no more than 1:4 at all times.	1=15 minutes	Total training (Individual and Group) maximum of 405 hours (1620 units) over six months.	At least two parents or caregivers across two EIDBI recipients must be present at one time to bill for group training and counseling services.
Travel Time	All	H0046	UB			100%	Yes		1=1 minute	Place of Service : 12- Home or 99- Other.  The place of service should match what is recommended in the ITP.	For additional info, see <a href="#">EIDBI Travel page</a> .

**Abbreviations, modifiers and provider types for EIDBI:**

<b>Abbreviation</b>	<b>Definition</b>
EIDBI	Early Intensive Developmental and Behavioral Intervention
MHCP	Minnesota Health Care Programs
POS	Place of Service

<b>Modifier</b>	<b>Provider Type:</b>
AM	Psychiatrist (MD) or physician
HK	Qualified supervising professional (QSP)
HM	Less than bachelor's degree
HP	Doctorate
HO	Master's degree
HN	Bachelor's degree or otherwise qualified Level II provider
HQ	Group—use only with procedure code T1027
TG	Advanced practice registered nurse (APRN)
UB	EIDBI modifier
UD	15 minute unit—use only for ITP development
TF	60-day temporary increase

<b>Codes 0362T-0369T</b>	
<b>Less than 16 minutes</b>	<b>Not reportable</b>
<b>16-45 minutes</b>	<b>0362T 0364T 0366T 0368T</b>
<b>46-75 minutes</b>	<b>0362T and 0363T X 1 0364T and 0365T X 1 0366T and 0367T X 1 0368T and 0369T X 1</b>
<b>76-105 minutes</b>	<b>0362T and 0363T X 2 0364T and 0365T X 2 0366T and 0367T X 2 0368T and 0369T X 2</b>
<b>Additional 30 minute increments</b>	<b>Add another 0363T, 0365T, 0367T, 0369T</b>