REIMBURSEMENT POLICY
Autism Spectrum Disorder EIDBI

Policy Number: Behavioral Health – 022
Policy Title: Autism Spectrum Disorder EIDBI
Section: Behavioral Health
Effective Date: 04/03/18

Description
This policy addresses services related to Early Intensive Developmental and Behavioral Intervention (EIDBI) for Autism Spectrum Disorder (ASD).

Definitions
EIDBI

EIDBI services offer medically necessary treatment to people under the age of 21 currently enrolled with Blue Plus Minnesota Health Care programs in either Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MNCare) with ASD or a related condition.

The purpose of the EIDBI benefit is to provide medically necessary early intensive intervention that targets the functional skills and core deficits of people with ASD and related conditions. As well as:

- Educate, train and support their parents and families.
- Promote people’s independence and participation in family, school and community life.
- Improve long-term outcomes and the quality of life for people and their families.

Providers must meet certain criteria to be eligible to provide EIDBI services, including credentialing through DHS. Providers must also complete the Comprehensive Multi-Disciplinary Evaluation prior to rendering EIDBI services.

Policy Statement
Authorization Requirements

EIDBI Assessment and Authorization
- Providers are required to submit a Comprehensive Multi-Disciplinary Evaluation (CMDE) assessment prior to rendering EIDBI services.

- The CMDE assessment form is accessible on the DHS website.

- Prior notification is required for EIDBI services. The number of allowed services is based on the number requested in the initial CMDE.
• The EIDBI provider can complete a 60-Day Temporary Increase Request for Intervention Services form to request a temporary increase in services above the number requested in the CMDE.

The CMDE determines medical necessity for the EIDBI benefit. Service could be done via two-way interactive video if medically appropriate to the condition and needs of the recipient. The CMDE must include:

• Assessment of the child’s degree of severity of core features of ASD or related condition as well as functional, cognitive, learning and play, social interactive, communication, adaptive, self-help, behavioral, motor skills and sensory regulatory needs and capacities.

• Review and incorporation of the autism diagnosis and other related assessment information from other qualified professionals including information gathered from family members, child care providers as well as any medical or assessment information from other licensed professionals working with the child.

• Assessment of type and level of parent/caregiver training preferred.

• Assessment of type and level of parent/caregiver involvement in treatment.

• Identification of current services the child is receiving and referral for other needed services.

• Recommendation of treatment options, intensity, frequency and duration.

• Determination of how frequently to monitor the child's progress if monitoring is required more frequently than every 6 months.

Medical information from a licensed physician or advanced practice registered nurse.

Coding
EIDBI Coding

Covered services under the EIDBI benefit include:

1. Intervention – observation and direction.
2. Intervention – group and individual.
4. Individual Treatment Plan Development and Monitoring.
5. Family Caregiver Training and Counseling.
6. Coordinated Care Conference.
7. Travel Time.
8. 60-Day Temporary Increase for ABA/DBI services.

Only eligible providers may perform each service. Telemedicine is an option for some EIDBI services. To request a 60-day temporary increase in intervention services, complete and
submit **EIDBI 60-Day Temporary Increase Request for Intervention Services, DHS-7109D (PDF).**

**CMDE**

- 0359T-UB-AM - Psychiatrist[MD] /Physician.
- 0359T-UB-AM-GT - Psychiatrist[MD] /Physician (telemedicine) 0359T-UB-TG – APRN.
- 0359T-UB-TG-GT - APRN (telemedicine).
- 0359T-UB –HP - Doctorate /Mental Health Professional [MHP].
- 0359T-UB -HP-GT – Doctorate /Mental Health Professional [MHP] (telemedicine) 0359T-UB –HO - Masters /Mental Health Professional [MHP].
- 0359T-UB -HO-GT - Masters /Mental Health Professional [MHP] (telemedicine).

**Individual Intervention**

- 0368T-UB-HK-Qualified Supervising Professional, first 30 minutes.
- 0369T-UB-HK-Qualified Supervising Professional, each additional 30 minutes.
- 0368T- UB-HP - Doctorate /Mental Health Professional [MHP] first 30 minutes.
- 0369T-UB-HP- Doctorate /Mental Health Professional [MHP] each additional 30 minutes.
- 0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes.
- 0368T-UB-HN- Bachelor’s degree level I, first 30 minutes.
- 0369T-UB-HN- Bachelor’s degree level I, each additional 30 minutes.
- 0364T-UB-HN- Bachelor’s degree level II, first 30 minutes.
- 0365T-UB-HN- Bachelor’s degree level II, each additional 30 minutes.
- 0364T-UB-HM -Less than bachelor’s degree- level III, first 30 minutes.
- 0365T-UB-HM- Less than bachelor’s degree- level III, each additional 30 minutes.

**Group Intervention**

- 0366T-UB-HK-Qualified Supervising Professional, first 30 minutes.
- 0367T-UB-HK-Qualified Supervising Professional, each additional 30 minutes.
- 0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes.
• 0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes.

• 0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes.

• 0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes.

• 0366T-UB- HN- Bachelor’s degree level I or II, first 30 minutes.

• 0367T-UB -HN- Bachelor’s degree level I or II, each additional 30 minutes.

• 0366T-UB -HM -Less than bachelor’s degree- level III, first 30 minutes.

• 0367T-UB -HM- Less than bachelor degree- level III, each additional 30 minutes.

**Individual Treatment Plan Development and Monitoring**

• H0032-UB-HK-UD - Qualified Supervising Professional [QSP].

• H0032-UB-HP-UD - Doctorate /Mental Health Professional [MHP].

• H0032-UB-HO-UD - Masters /Mental Health Professional [MHP].

• H0032-UB-HN-UD - Bachelor’s degree level I or II.

**Observation and Direction**

• 0362T-UB-HN - Bachelor’s degree level I or II, first 30 minutes.

• 0363T-UB-HN- Bachelor’s degree level I or II, each additional 30 minutes.

• 0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes.

• 0363T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes.

• 0362T-UB-HP - Doctorate /Mental Health Prof [MHP].

• 0362T-UB-HN-GT- Bachelor’s degree level I or II, (telemedicine, first 30 minutes.

• 0363T-UB-HN-GT- Bachelor’s degree level I or II, (telemedicine) each additional 30 minutes.

• 0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine), first 30 minutes.

• 0363T-UB-HO-GT - Masters /Mental Health Professional [MHP].

• 0363T-UB-HP - Doctorate /Mental Health Professional [MHP] each additional 30 minutes.

• 0362T-UB-HK - Qualified Supervising Professional, first 30 minutes.
• 0363T-UB-HK - Qualified Supervising Professional, each additional 30 minutes (telemedicine) each additional 30 minutes.

• 0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 minutes.

• 0363T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), each additional 30 minutes.

• 0362T-UB-HK - Qualified Supervising Professional, first 30 minutes.

• 0363T-UB-HK - Qualified Supervising Professional, each additional 30 minutes.

**Individual Family Caregiver Training and Counseling**

• T1027-UB–HK – Qualified Supervising Professional [QSP].

• T1027-UB- HK-GT- Qualified Supervising Professional [QSP] (telemedicine).

• T1027-UB -HP- Doctorate /Mental Health Prof [MHP].

• T1027-UB -HP-GT - Doctorate /Mental Health Prof [MHP] (telemedicine).

• T1027-UB -HO- Masters /Mental Health Prof [MHP].

• T1027-UB -HO-GT - Masters /Mental Health Prof [MHP] (telemedicine).

• T1027-UB–HN - Bachelor’s degree level I or II.

• T1027-UB -HN-GT- Bachelor’s degree level I or II (telemedicine).

**Group Family Caregiver Training and Counseling**

• T1027-UB-HK-HQ- Qualified Supervising Professional [QSP], Group.

• T1027-UB-HP-HQ- Doctorate /Mental Health Prof [MHP], Group.

• T1027-UB-HO-HQ- Masters /Mental Health Prof [MHP], Group.

• T1027-UB-HN-HQ- Bachelor’s degree level I or II, Group.

**Coordinated Care Conference**

• T1024-UB-AM -Physician.

• T1024-UB-TG – APRN.

• T1024-UB-HK- Qualified Supervising Professional [QSP].

• T1024-UB-HP- Doctorate / Mental Health Professional [MHP].

• T1024-UB-HO- Masters / Mental Health Professional[MHP].
• T1024-UB-HN - Bachelor’s degree level I or II.
• T1024-UB-AM-GT –Physician (telemedicine).
• T1024-UB-TG-GT- APRN (telemedicine).
• T1024-UB-HK-GT- Qualified Supervising Professional [QSP] (telemedicine).
• T1024-UB-HP-GT- Doctorate/Mental Health Professional [MHP] (telemedicine).
• T1024-UB-HO-GT- Masters /Mental Health Professional[MHP] (telemedicine).
• T1024-UB-HN-GT- Bachelor’s degree level I or II (telemedicine).

**Travel Time**
• H0046/UB

**60-Day Temporary Increase**

• ABA or DBI Intervention code:
  • 0364T UB H_ TF
  • 0365T UB H_ TF
  • 0366T UB H_ TF
  • 0367T UB H_ TF
  • 0368T UB H_ TF
  • 0369T UB H_ TF

• TF – 60-day Temporary Increase for ABA/DBI services UD – 15-minute unit.

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<td>UB</td>
<td>EIDBI</td>
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<tr>
<td>UB AM</td>
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<td>UB HK</td>
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<tr>
<td>UB HK UD</td>
<td>EIDBI, Qualified Supervising Professional [QSP], PER 15 MINUTES</td>
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<tr>
<td>UB HM</td>
<td>EIDBI, Level III, Support Specialist, less than Bachelor’s</td>
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<tr>
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<td>EIDBI, Bachelor’s Degree Level I or II, Group</td>
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Documentation Submission

For EIDBI services, documentation must identify and describe the services performed including total time of the service. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

In accordance with a commitment to health care affordability and administrative simplification, payment for EIDBI services for all eligible Blue Cross subscribers shall remain subject to the terms and provisions described under Provider Reimbursement, Minnesota Health Care Programs in the Agreement as renewed annually by Blue Cross less subscriber and other party liabilities (for example, deductibles, coinsurance, non-covered services and coordination of benefits with other health plans, employer liability plans, workers’ compensation or automobile plans). Provider agrees to not request reimbursement for simultaneously provided individual and family services.

Coverage is subject to subscriber’s group contracts.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: N/A
ICD Diagnosis: N/A
ICD Procedure: N/A
HCPCS: N/A or (enter codes here)
Revenue Codes: N/A
Deleted Codes: N/A