

EIBI Service Checklist and Information Sheet

Member Information		
Name:	DOB:	Member ID/Plan:
Provider Information		
Billing Address:	Tax ID:	NPI:
Contacts for this request (preferably two contacts – insurance rep and/or LABA)		
Name:	Name:	
Email:	Email:	
Phone:	Phone:	

Please select which service you are requesting today, and make sure all components are submitted with your request.

Assessment ☐ ☐ The Member has a confirmed diagnosis of Autism Spectrum Disorder (DSM-5-TR) conferred by a physician or licensed psychologist. ☐ The Member has a diagnosis of Down Syndrome from a licensed Physician who is qualified to make such a diagnosis, and the diagnosis is confirmed by genetic testing.	Initial Services ☐ ☐ Individual Family Service Plan (IFSP) with EIBI indicated ☐ Assessment completed by a Licensed Applied Behavior Analyst (LABA) ☐ Treatment plan (with baseline data for all goals) and requests for units <i>If you did not previously request and receive authorization for assessment of this Member, please also include:</i> ☐ Confirmed diagnosis of Autism Spectrum Disorder (ASD), conferred by a physician or licensed psychologist ☐ Diagnosis of Down Syndrome from a physician who is licensed and qualified to make such a diagnosis, and the diagnosis is confirmed by genetic testing
Concurrent Services (continued services) ☐ ☐ Treatment plan (should always include initial baseline, current progress, and previous data as applicable)	Additional units for an active authorization ☐ ☐ Clinical rationale with supporting data for your request ☐ Clear statement of units being requested and new total units for authorization

TPL (Member has a different primary funder)

- ☐ TPL is covering services, and we are requesting a secondary authorization from MBHP for copays and deductibles.
- ☐ Authorization letter or statement of authorized units and date of service needed. This must include Auth # or person spoken to at TPL insurer.
- If EIBI is not covered, please send that letter EVERYTIME.
 - If a Member's primary does not require prior auth, please send documentation of that EVERYTIME.
- ☐ Use Checklist above for what needs to be submitted based on your type of request.
- ☐ TPL has denied EIBI coverage
- ☐ Denial letter
- ☐ Use checklist above for what needs to be submitted based on your type of request.

Service/Units Being Requested		
97151 – TL	Assessment/Re-assessment	Units:
H0031 – TL	Case Planning/Care Coordination	Units:
97155 – TL	Direct Supervision/Direct LABA (will need rationale)	Units:
97153 – TL	Direct Instruction	Units:
97156 – TL	Parent training	Units:
97157 – TL	Group Parent Training	Units: