



Instructions to complete the EIDBI Authorization Request form (DHS-3806)

The EIDBI provider agency uses the [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Authorization Request, DHS-3806 \(PDF\)](#) to request authorization for EIDBI services that exceed the service limit threshold. Use these instructions to complete the form.

NOTES

- Complete one request form per recipient.
- The provider must consult with parent/legal representative about the request.
- The parent/legal representative must sign the request to indicate he/she approves of the request.

Information

RECIPIENT

Enter the person's:

1. Complete legal last name,
2. First name
3. Middle initial (if known)
4. 8-digit PMI or recipient number
5. Date of birth in m/d/yyyy format.

CMDE PROVIDER OR QUALIFIED SUPERVISOR PROFESSIONAL (QSP)

Enter the CMDE provider or QSP's:

1. Name
2. Phone number.

EIDBI PROVIDER AGENCY

For the provider agency that rendered the service, enter the provider agency's:

1. Name
2. 10-digit NPI number
3. Address, city, state and zip code
4. Contact person's name
5. Phone number
6. Fax number.

PARENT/LEGAL REPRESENTATIVE(S) INFORMATION

Enter the following for both parent/legal representative(s) (if applicable):

1. Name
2. Relationship to the child
3. Phone number.

Service line information

For each service line you are requesting for authorization, enter the following:

- **Current Procedural Terminology (CPT) code:** the appropriate CPT code
- **Modifier:** any appropriate CPT modifier(s)
- **Diagnosis code(s):** the recipient's ICD diagnosis code(s) relevant to the service

- **Start date:** the first date of service (m/d/yyyy) for the procedure listed.
- **End date:** the last date of service (m/d/yyyy) for the procedure listed.
- **Rate:** your usual and customary charge or requested rate of payment per unit.
- **Qty/Units:** the total number of procedure/service units.
- **Rendering provider NPI/UMPI:** the 10-digit NPI or UMPI of the rendering provider if different than the NPI/UMPI listed under provider information above.
- **Total amount:** the total reimbursement amount (rate multiplied by qty/units) you are requesting for this service.
- **Service description/comments:** comments and/or description of the service.

If you have another service, click “add service line” and repeat the above steps.

Justification

Enter in a brief description of why the additional service beyond the threshold was requested.

Signatures

Obtain the following signatures:

1. CMDE provider or QSP
2. Parent/legal representative 1
3. Parent/legal representative 2 (if applicable)

NOTE

Signatures can be either electronic or physically signed. Electronic signatures will automatically record the date. If physically signed, the signee must indicate the date the form was signed.

Submission

When complete, submit form to the medical review agent for the recipient’s corresponding health plan.