

**Department of Disabilities, Aging and Independent Living  
and  
Department of Mental Health  
Guardianship Evaluation Billing Procedures State  
Fiscal Year 18**

**I. Definitions**

- a) **FFS** – Fee-for-Service
- b) **Adult** – 18 years or older
- c) **Eligible Provider (for DMH billing)** – A qualifying licensed and actively enrolled VT Medicaid Provider for a diagnosis and evaluation service. Refer to DMH Fee-For-Service (FFS) Manual.
- d) **Eligible Provider (for DS billing)** – A Qualified Developmental Disabilities Professional (QDDP) who is trained and competent to do guardianship evaluations.
- e) **Guardianship Evaluation** – Statutorily identified requirement of either DMH or DAIL, on behalf of indigent individuals, for completion of the evaluation report.

**II. Billing Procedures for Title 18 Public Guardianship for *People with Statutorily Defined Diagnosis of Developmental Disabilities* and Title 14 Guardianship for *Persons in Need of Guardianship for People with Developmental Disabilities*:**

- 1. Title 14 requires that the evaluation be completed by someone who is trained and competent to do guardianship evaluations. Title 18 requires that the evaluation be completed by a Qualified Developmental Disabilities Professional (QDDP) who is trained and competent to do guardianship evaluations.
- 2. Bill Medicare and/or private insurance if available (evaluator must be a QDDP and be appropriately credentialed for billing Medicare or Private insurance).
- 3. Bill FFS Medicaid using Developmental Services Provider ID number. Diagnosis and Evaluation is included in the Psychiatric Diagnostic Evaluation (no medical services) Code **90791**.
- 4. Medicaid cannot be billed for DS HCBS –“waiver” clients; please invoice DAIL
- 5. Each Designated Agency receives funding for FFS Medicaid. The funds are noted on Exhibit B under the heading Fee for Service Medicaid, under the line for service coordination/clinical. Service coordination refers to targeted case management. Clinical is for all the other FFS Medicaid, including Diagnosis and Evaluation.
- 6. The difference in insurance or FFS Medicaid payment received, and the balance of uncompensated reasonable expenditures up to \$800.00 per evaluation, may be invoiced to DAIL. An hourly rate up to \$120.00/hr. for uncompensated services is allowable.

7. Any request for evaluation compensation exceeding \$800.00, must be accompanied with the extenuating circumstances (e.g., extremely complicated evaluations requiring additional time and/or additional evaluations, travel time, and indirect time (reading extensive historical information, interviewing multiple informants, writing report, preparing for and testifying in court) and negotiated with DAIL.

**III. Billing Procedures for Title 14 Guardianship for Persons in Need of Guardianship Without Developmental Disabilities (e.g. mental illness, dementia, traumatic brain injury, or other cognitive incapacity):**

1. The statute requires that the evaluation be completed by someone who is trained and competent to do guardianship evaluations [refer to I.(d)]. DMH evaluations for persons in need of guardianship without developmental disabilities shall be completed by an Eligible Provider [Refer to I.(c)].
2. An eligible Provider shall bill Medicare or private insurance if available before FFS Medicaid.
3. An eligible Provider may bill FFS Medicaid, under either a Mental Health Services Provider ID number or a National Provider Identifier (NPI) number, using Code 90791 if it is a qualifying Psychiatric Diagnostic Evaluation (no medical services).
4. The difference in insurance or FFS Medicaid payment received, and the balance of uncompensated reasonable expenditures up to \$800.00 per evaluation, may be invoiced to DAIL. An hourly rate up to \$120.00/hr. for uncompensated services is allowable.
5. Any request for evaluation compensation exceeding \$800.00, must be accompanied with the extenuating circumstances and negotiated with DAIL [Refer to II. (7)].
6. Medicaid cannot be billed for DMH CRT program clients; please invoice DAIL.