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.