

BILLING GUIDELINES FOR THE PROVISION OF INTERPRETER SERVICES IN FEE FOR SERVICE MEDICAID

Reimbursement for Interpreter Services for Medicaid fee for service recipients is available for services provided during a one on one, face to face medically necessary office visit. Provider types eligible to seek reimbursement include physicians, podiatrists, optometrists, nurse practitioners, outpatient hospital clinics, and behavioral health providers.

The provider is responsible for developing a business relationship with one or more agencies that can provide trained, competent interpreters in the needed language(s). The provider will submit a claim to HPE that documents the member name and MID number, and date of office visit. Location, type of interpretation provided, name of interpreter, agency, and agency invoice should be documented in the client's records.

Eligible providers (see list above) should bill using code T1013. Providers can submit claims for a maximum of 8 units per office visit. (A unit = 15 minutes.) Rate is \$17.65 per unit billed. The time billed for interpretation services cannot exceed the length of time of the office visit. Claims must be submitted by the provider providing the office visit. Providers should bill both the office visit and the interpreter service on the same claim form.

Interpreter services provided by the provider or his/her staff are not eligible for reimbursement.

Note:

1. The above guidelines apply to all interpretation services, including sign language for individuals who are deaf or hearing impaired.
2. The Medicaid Managed Care Health Plans are responsible for provision of interpreter services to their members.