

Sign and Oral Language Interpreter Services

PURPOSE

ND Medicaid covers sign and oral language interpreter services for assistance in providing covered services to a member who has limited English proficiency or who has hearing loss.

APPLICABILITY

PROVIDERS

Interpreters are not able to enroll as a Medicaid provider; however, interpreter services are eligible for reimbursement when rendered in conjunction with a ND Medicaid covered service and when billed by professional service provider types such as:

- Physicians;
- Podiatrists;
- Optometrists;
- Nurse practitioners;
- Dentists;
- Office-based practitioners;
- Public health units; and
- Behavioral health providers.

Oral language interpreter services can be provided by the following enrolled providers as allowed by their scope of their licensure:

- American Sign Language (ASL) Interpreters

All sign and oral language interpreters must:

- Be qualified and competent;
- Demonstrate proficiency in both English and the targeted language (sign or spoken) including any specialized health care terms or concepts;
- Use the appropriate mode of interpreting given the situation (for example, consecutive, simultaneous, summarization, or sight translation);
- Have received appropriate interpreter training that includes instruction in the skills and ethics of interpreting, and rules of confidentiality and data privacy; and
- Understand their role as interpreters without deviating into other roles, such as counselor or legal advisor; and be sensitive to the patient's culture.

Interpreters must adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC), to include accuracy, confidentiality, impartiality, role boundaries, professionalism, professional development, and advocacy.

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098.

- Members who speak a different language;
- Members who are deaf;
- Members who are deaf-blind;
- Members who are speech impaired;
- Members who are hard of hearing; and
- Members who require special communication techniques.

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services.

Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as ORP requirements, Service Authorization requirements, and current rates.

Interpreters may be employed by or contracted with the billing provider. If a member comes to an appointment with an interpreter, such as a family member or friend, the provider is not required to use that interpreter. Three people must be present for the service to be covered: the provider, the patient, and the interpreter.

Staff members at the provider's office who are qualified in American Sign Language (ASL) or competent in spoken language interpretation may interpret the medical service; however, the interpretive service is not billable if the staff member is also providing another service. For example, a bilingual staff nurse may interpret during an appointment and perform the duties of a nurse while interpreting; but only one service (either interpreting or the medical service) is billable to North Dakota Medicaid. If the provider renders a medical service while communicating in the member's language, it is not interpreting and not separately billable as an interpreter service.

SERVICE AUTHORIZATION REQUIREMENTS

No service authorization required.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

ND Medicaid does not reimburse interpreter services in conjunction with the following services:

- Inpatient or outpatient hospital services;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
- Day treatment;
- Nursing Facilities;
- Basic Care Facilities;
- Psychiatric Residential Treatment Facilities (PRTF);
- Indian Health Service (IHS) or Tribal Programs, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs) for services reimbursed through an encounter;
- Home Health Agencies; or
- Emergency and non-emergency medical transportation.

ND Medicaid does not cover interpreter services:

- Provided in conjunction with a non-covered service;
- Provided by a family member (parent, spouse, sibling, or child), friend or volunteer;

- Time and expense for the interpreter to travel to and from the location of the rendered service;
- To compensate for wait time (including waiting in a lobby, exam room, or any office space when a medical service is not being delivered);
- For administrative tasks such as scheduling or cancelling appointments or making reminder calls; or
- For no shows or cancelled appointments.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

Interpreter documentation includes:

- Location of the services, including location of the interpreter (in person, via telephone or facetime);
- Type of interpretation provided;
- Name of interpreter;
- Date and time of interpretation;
- Service duration (time in and time out); and
- Cost of providing the service (agency invoice).

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

Providers are responsible for arranging and paying the interpreter service in a timely manner.

CLAIM FORM

Sign and Language Interpreter must be billed using the CMS 1500 claim form or 837p. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

CLAIM REQUIREMENTS

Interpreter services must be billed by the provider billing the service rendered in conjunction with the interpretive service. Providers should bill both the office visit and the interpreter service on the same claim form. If an ND Medicaid covered service is not billed in conjunction with the interpretive service, the entire claim will deny.

Non-dental providers must bill for the interpretive services using Healthcare Common Procedure Coding System (HCPCS) code "T1013" (Sign language or oral interpretive services, per 15 minutes). Code "T1013" must be billed with the appropriate number of units provided (one (1) unit = 15 minutes of service). At least 8 minutes must be spent to report one unit. Providers can submit claims for a maximum of 8 units (2 hours) per office visit. The time billed for interpretation services cannot exceed the length of time of the office visit.

Dental providers must bill for the interpretive services using Current Dental Terminology (CDT) code "D9990" (certified translation or sign-language services, per visit).

DEFINITIONS

Interpreter – an individual who engages in the practice of interpreting.

Interpreting – the translating or transliterating of English concepts to any necessary specialized vocabulary used by a consumer or translating of a consumer's specialized vocabulary to English concepts. Necessary specialized vocabularies include American sign language, English-based sign language, and oral interpreting.

Nationally recognized certification – certification granted by a national organization that is based on a skills assessment of the applicant. These organizations include the registry of interpreters for the deaf and the national association of the deaf.

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

CONTACT

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POLICY UPDATES

January 2025

Section	Update
Coverage Guidelines	Added clarifications about payment and family members as interpreters

January 2026

Section	Update
	Format changes and clarifications added throughout.