

## **SIGN AND ORAL LANGUAGE INTERPRETER SERVICES**

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### **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.

### **COVERED SERVICES**

ND Medicaid reimbursement for interpreter services is available when provided to members to facilitate access to ND Medicaid covered services.

### **COVERAGE GUIDELINES**

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

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.

Interpreters shall 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.

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;

- Understand their role as interpreters without deviating into other roles, such as counselor or legal advisor; and be sensitive to the patient's culture.

### **NONCOVERED SERVICES**

ND Medicaid will 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
- 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 (includes 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
- For no shows or cancelled appointments

### **DOCUMENTATION**

Proper 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)
- Cost of providing the service (agency invoice)

### **BILLING GUIDELINES**

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).

**SUMMARY OF POLICY UPDATES**

January 2025

<b>Section</b>	<b>Update</b>
Coverage Guidelines	Added clarifications about payment and family members as interpreters