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## Interpreter Services Payment Policy

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### Policy Statement

This policy addresses coverage and coding for interpreter services. Neighborhood Health Plan allows for interpreter services for members so that they may easily understand and communicate their health care needs as well as actively participate in the care received in various settings including, but not limited to, medical appointments with their primary care or specialty care practitioners.

### Scope

This policy applies to:

**Medicaid** *excluding Extended Family Planning (EFP)*

**INTEGRITY**

**Commercial**

### Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

### Definitions:

1. **Interpretation:** The oral replacement of one spoken language (source language) into another spoken language (target language). Four modes of interpretation exist: consecutive, simultaneous, summarization and sight translation (when the interpreter reads text in one language and speaks it in another language). Includes sign language services.

2. Translation: The written replacement of text from one language (source language) into an equivalent text in another language (target language).
3. Person with Limited English Proficiency (LEP): A person not able to speak, read, write, or understand English at a level that allows him or her to interact effectively.
4. Video Remote Interpreting (VRI): Is a video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. This is done through a remote or offsite interpreter, in order to communicate with persons with whom there is a communication barrier.

### Reimbursement Requirements

Neighborhood providers Interpreter services under the following conditions.

- Interpreter services include non-English language interpreters as well as sign language interpreters.
- Three people must be involved for the service to be covered: the provider, the patient and the interpreter.
- The interpreter may be on a video screen when using video remote interpreter services.
- The interpreter may communicate by phone or teleconference for spoken language interpreter services.
- If the provider delivers a medical service while communicating in the recipient's language, it is not interpreting and not separately billable as an interpreter service.
- Interpreter services provided to Neighborhood members must be rendered by a registered and rostered interpreter with proper certification.
- All providers contracted with Neighborhood are accountable for ensuring that employed interpreters meet any necessary regulatory or other certification requirements.
- Upon the request of a Neighborhood member or a participating provider, Member Services will arrange for interpreter services through a Neighborhood defined process. For more information please call Neighborhood Member Services at 1-855-321-9244.
- Neighborhood does not cover Interpreter services for any non-coverage benefit.

### Coverage Exclusions

The following services are not covered and should not be billed to Neighborhood.

- Translation of paper documents
- Completing clinic forms
- Travel time
- Wait time (includes time waiting in the lobby, exam room or any office space when medical service is not being delivered)
- Cancellations
- Parking fees



- Meals
- Weekend or after hours premium fees
- Assisting members with administrative processes such as paperwork or medical records

Rounding rules apply to all services below. A minimum of eight minutes face-to-face or interactive audio and video telecommunications time must be spent for reimbursement to be applicable.

- 1 unit: ≥ 8 minutes through 22 minutes
- 2 units: ≥ 23 minutes through 37 minutes
- 3 units: ≥ 38 minutes through 52 minutes
- 4 units: ≥ 53 minutes through 67 minutes
- 5 units: ≥ 68 minutes through 82 minutes
- 6 units: ≥ 83 minutes through 97 minutes
- 7 units: ≥ 98 minutes through 112 minutes
- 8 units: ≥ 113 minutes through 127 minutes

### Claim Submission

Submit claims using a CMS-1500 claim form or electronic equivalent.

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

### Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Providers must maintain a record of the services that are provided to eligible Neighborhood Members. The record must include the following elements:

- Interpreter First, Middle and Last Name
- Language Interpreted
- Member First, Middle and Last Name
- Member ID Number
- Member Date of Birth



- Service Provider Address (Including City, State & Zip Code)
- Record the date and time the interpreter was used
- Type of Appointment/Service
- Units Billed
- Amount Billed
- Service cannot exceed length of visit

The record does not need to be submitted with each claim; however, may be requested at any time by Neighborhood to verify services have been provided.

### Member Responsibility

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

### Coding

Please refer to coding table below for accepted codes and applicable modifiers:

| CPT Code | Modifier | Description  |
|----------|----------|--|
| T1013    | U1       | Face-to-face spoken language interpreter service, per 15 minutes                 |
| T1013    | U2       | Face-to-face sign language interpreter service, per 15 minutes                   |
| T1013    | U3       | Interactive audio telecommunications systems interpreter service, per 15 minutes |

| CPT Code | Modifier | Description   |
|----------|----------|---|
| T1013    | U4       | Interactive video telecommunications systems interpreter service, per 15 minutes - Foreign Language |
| T1013    | U5       | Interactive video telecommunications systems interpreter service, per 15 minutes - Sign Language    |

### Document History

| Date       | Action              |
|------------|---------------------|
| 11/28/2023 | Policy Create Date. |