

# Policy and Billing Guidance

## Coverage of Medical Language Interpreter Services

Effective October 1, 2012, Medicaid fee-for-service will reimburse Article 28, 31, 32 and 16 outpatient departments, hospital emergency rooms (HERs), diagnostic and treatment centers (D&TCs), federally qualified health centers (FQHCs) and office-based practitioners to provide medical language interpreter services for Medicaid members with limited English proficiency (LEP) and communication services for people who are deaf and hard of hearing. Effective December 1, 2012, medical language interpreter services will also be reimbursed by Medicaid Managed Care and Family Health Plus plans in accordance with rates established in provider agreements or, for out-of-network providers, at negotiated rates.

<b>HCPCS Procedure Code T1013</b>	<b>Office-Based Practitioners</b>	<b>Article 28, 31, 32 and 16 facilities that bill with APGs</b>
One Unit: Includes a minimum of eight and up to 22 minutes of medical language interpreter services	\$11.00	\$11.00
Two Units: Includes 23 or more minutes of medical language interpreter services	\$22.00	\$22.00

Patients with limited English proficiency shall be defined as patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patients to interact effectively with health care providers and their staff.

The need for medical language interpreter services must be documented in the medical record and must be provided during a medical visit by a third party interpreter, who is either employed by or contracts with the Medicaid provider. These services may be provided either face-to-face or by telephone. The interpreter must demonstrate competency and skills in medical interpretation techniques, ethics and terminology. It is recommended, but not required, that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). Reimbursement of medical language interpreter services is payable with HCPCS procedure code T1013- sign language and oral interpretation services and is billable during a medical visit. Medical language interpreter services are included in the prospective payment system rate for those FQHCs that do not participate in APG reimbursement.

Questions? Please contact the Division of Program Development and Management at (518) 473-2160.