

Chapter 26

Interpreter Services

NOTE: Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#).

Billing Information – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Overview

This chapter provides information on South Country Health Alliance's (South Country's) coverage for sign and spoken language interpreter services to assist members in obtaining their program's covered health services.

Definitions

- **Interpretation:** The oral replacement of one (1) spoken language (source language) into another spoken language (target language). Four (4) modes of interpretation exist: consecutive, simultaneous, summarization and sight translation (when the interpreter reads text in one language and speaks it in another language)
- **Interpreter** - A qualified individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two (2) languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care.
- **Interpreter services** - Provide an interpreter to facilitate communication between two (2) or more users of different languages or deaf and or hard of hearing members.
- **Person with LEP:** A person not able to speak, read, write, or understand English at a level that allows him or her to interact effectively.
- **Translation:** The written replacement of text from one language (source language) into an equivalent text in another language (target language).

Covered Programs

Interpreter services are covered for the following programs when provided outside a residential facility and the per diem in institutional facilities:

- Medical Assistance (PMAP)
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Special Needs Basic Care (SNBC), AbilityCare, SingleCare and SharedCare
- Minnesota Senior Health Options (MSHO) SeniorCare Complete

Arranging for Services

Providers may contact South Country directly at the Member Services area 1-866-567-7242 for contracted interpreters to arrange for interpreter services for scheduled appointments or may arrange for interpreter services on the member's behalf, reimburse the provider directly and bill South Country for the service. (see billing instructions below)

If a member would feel more comfortable using a family member or friend, they can use them as their interpreter. Minor children cannot be used as interpreters. However, South Country will not reimburse for interpreting services if the interpreter does not meet the DHS requirements outlined in the MHCP Provider Manual and is not on the approved MDH roster list.

Acceptable Locations

Face to face, video and telephone service time as appropriate for sign and oral language interpretation services will be reimbursed for covered services in the following settings:

- Medical Clinic
- Outpatient Hospital
- Ambulatory Surgery Center (ASC)
- Emergency Room
- Urgent Care
- Dialysis Facility
- Home
- Pharmacy
- Dental Office
- County (only when the service is a Health Plan covered service)

Interpreter Requirements:

Interpreters must comply with Minnesota DHS Qualifications and Requirements. Please review those expectations as outlined in Provider Basics under Access Services in the [MHCP Provider Manual](#) .

Reimbursement and Billing Information:

- Bill all interpreter claims in the electronic Professional 837P or Institutional 837I format.
- Provider shall bill for services provided to South Country enrollees only when the individual interpreter is registered with the Minnesota Department of Health.
- Beginning 1/1/19 all claims must include the oral Interpreter's first and last name in the procedure code description field. The claim will be rejected if the Interpreter's name is not included on the claim.
- Face to face oral and sign language, Telehealth and Telephone services will be reimbursed only for covered services under the member's benefit and/or coverage. One (1) unit equals 15 minutes (at least eight (8) minutes must be spent to report one (1) unit).
- A patient or physician "no show" is not covered.
- Interpreter services provided at pharmacies will be reimbursed per unit.

- Interpreters should coordinate services and billing directly with the FQHC or RHC location.

Interpreter services are included in the inpatient hospital DRG payment and are not separately billable

Interpreter services are included in the Nursing Facilities per diem rate and are not separately billable

- Interpretation services for dialysis treatment will be reimbursed as follows:
 - The member's first treatment will be reimbursed at the 1-hour unit rate.
 - Time beyond the 1 hour minimum (4 units) will be reimbursed at the quarter hour unit rate.
- Subsequent treatments must use medical telephone conference interpretation at a flat rate.

Service Description	Service Code
Face to face interpreter	T1013
No shows	Not a covered service
Face to face sign language Interpreter service	T1013 Modifier U3
Telephone interpreter service provided via telephone, smartphone, tablet or other similar processes. Does not include delivery of telehealthinterpreter service.	T1013 Modifier U4
Telehealth interpreter service via interactive audio and video telecommunications systems	T1013 Modifier GT
Interpreter service provided for multiple recipients in a group setting.	T1013 2 patients served Modifier UN 3 patients served Modifier UP 4 patients served Modifier UQ 5 patients served Modifier UR 6 or more patients served Modifier US Do not use modifier 52 to denote multiple members in a group setting
Mileage (contracted providers only).	S0215 – Miles 1 through 20 are not payable. Provider is to bill all miles with reimbursement starting with mile 21. Place of service 99