Washington State Health Care Authority

Washington Apple Health (Medicaid)

Interpreter Services Billing Guide

March 1, 2024

Washington State Health Care Authority

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an HCA rule arises, HCA rules apply.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, check the most recent version of the guide. If the broken link is in the most recent guide, notify us at askmedicaid@hca.wa.gov.

About this guide[1]

This publication takes effect **March 1, 2024**.

The Health Care Authority (HCA) is committed to providing equal access to our services. If you need an accommodation or require documents in another format, call 1-800-562-3022. People who have hearing or speech disabilities, call 711 for relay services.

> Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

We have created this provider guide to assist providers, interpreters, and billing agencies to understand the process and protocols for Health Care Authority's Interpreter Services Program. This guide identifies how to request services through the coordinating entity.

Refer also to HCA's ProviderOne Billing and Resource Guide for valuable information to help you conduct business with HCA.

[1] This publication is a billing instruction.

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How can I get HCA provider documents?

To access provider alerts, go to HCA's **provider alerts** webpage.

To access provider documents, go to HCA's **provider billing guides and fee schedules** webpage.

To access updates about the Interpreter Services program, **sign up** for Provider Alerts and stay informed.

Confidentiality toolkit for providers

The Washington State Confidentiality Toolkit for Providers is a resource for providers required to comply with health care privacy laws.

What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Recipient aid category (RAC) codes	Added two recipient aid category (RAC) codes to the list of codes which are not eligible for HCA interpreter services: **1282** Community transition program (CTP) State-funded **1283** Community transition program (CTP) Stated funded	This change is retroactive to claims with dates of service on and after 12/1/2023. Clients with these RACs do have an eligible benefit packets, but it does not include interpreter services.
What clients are not eligible for interpreter services?	• Removed TCFPO identifier • Revised FPS to FPO (Family Planning Only)	TCFPO is an obsolete identifier. Replaced with FPO (Family Planning Only).

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[2] **Alert!** This Table of Contents is automated. Click on a page number to go directly to the page.

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Resources Available

Topic	Resource
Becoming a provider or submitting a change of address or ownership	See HCA's Enroll as a provider webpage
Contacting Provider Enrollment	See HCA's Enroll as a provider webpage
Finding out about payments, denials, or claims processing	See HCA's Prior authorization, claims, and billing webpage
Electronic billing	See HCA's ProviderOne Billing and Resource Guide
Finding HCA documents (e.g., billing guides, fee schedules)	See HCA's ProviderOne Resources webpage
Private insurance or third-party liability, other than HCA-contracted managed care	See HCA's ProviderOne Billing and Resource Guide
Access E-learning tools	See HCA's ProviderOne Resources webpage
HCA Contract Manager	**HCA Interpreter Services** Email: INTERPRETERSVCS@hca.wa.gov Interpreter services webpage for clients

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Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to Chapter 182-500 WAC for a complete list of definitions for Washington Apple Health.

Administrative services – The following services are considered administrative:

- Answering or responding to general phone inquiries
- Scheduling appointments
- Making reminder calls
- Filing
- Copying
- Cleaning
- Miscellaneous tasks

Appointment - Any encounter where an interpreter is requested to facilitate communications between a client and an authorized requester.

Authorized requester - The health care providers authorized by the Health Care Authority (HCA) to make requests for spoken-language interpreter services. Apple Health-authorized requesters have a signed core provider agreement or have signed a contract with HCA, or HCA's designee, and are authorized to provide health care goods and services to Apple Health clients.

Cancelled appointment - An appointment that is canceled by the requester before the appointment date and time.

Check in/Check out - The time the authorized requester will check the interpreter in for the start of the appointment and check the interpreter out at the end of the appointment.

Collective bargaining agreement (CBA) - The agreement entered into under chapter 41.56 RCW by the Governor of Washington State and the Washington Federation of State Employees, American Federation of State County, and Municipal Employees, (WFSE ASCME) Council 28, for language access providers/interpreters.

Complaint - Any dissatisfaction in any form made by a client, requester, or interpreter regarding services.

Continuity of care - The provision of continuous interpretation by a specific interpreter on behalf of a client is medically necessary (WAC 182-500-0070) for chronic or acute medical conditions, where maintaining the same interpreter results in positive health outcomes. The primary care provider has documented in writing that a change in interpreter will adversely affect the health of the client. Continuity of care occurs in a manner that prevents secondary illness, health care complications, or re-hospitalization, and promotes optimum health recovery.

Coordinating entity - The individual(s) or entity(ies) contracted with HCA to coordinate spoken language interpreter services for authorized requesters.

Crisis interpreter services – Over-the-phone spoken interpretation for crisis behavioral health services. This could include mental health and substance use disorder crisis services.

Denied request - Any request for interpreter services not within the scope of the Interpreter Services program. This includes noncovered services, ineligible clients, and providers who are not Apple Health-enrolled providers.

DSHS-authorized interpreter - An interpreter who has passed the Department of Social and Health Services (DSHS) Language Testing and Certification (LTC) screening examination in a noncertified language.

DSHS-certified interpreter - A person who has met the DSHS LTC training requirements and has passed one or both of the following examinations:

- DSHS's social services interpreter certification examination in a certified language
- DSHS's medical interpreter certification examination in a certified language

Interpreter – A person who provides translation or interpretation of a message from one language to another.

Interpreter Services program – The HCA program established to provide Apple Health clients access to health care services by providing spoken-language interpreter services to authorized requesters during Medicaid-eligible services. The program oversees the contract and the Collective Bargaining Agreement for the Department of Children, Youth, and Families (DCYF) and DSHS who use the Interpreter Services program.

Language access provider (LAP) - According to RCW 41.56.030(11)(a), any independent contractor who provides spoken-language interpreter services, whether paid by a broker, language access agency, or the respective department.

Language Testing and Certification (LTC) program - The section within DSHS that is responsible for managing the bilingual skills testing and certification in foreign languages for employees, contracted interpreters, and translators.

Limited English proficiency (LEP) - A limited ability or inability to speak, read, write, or understand English.

Limited English proficient (LEP) client - An individual applying for or receiving department services, either directly or indirectly, who, because of being non-English speaking, cannot readily speak or understand the English language.

Modality - A method of interpreter service delivery used to communicate with limited English-speaking persons according to situation and need. Methods considered are:

- **In-person interpreting** – Interpreting through the physical presence of the individuals specified for the appointment.
- **Over-the-phone interpretation (OPI) or telephonic interpretation** – A telecommunication service that uses telephonic technology hosted by the Contractor, that utilizes a remote or offsite language access provider (LAP) to provide language access services through the telephone. This includes when some, or all parties, are located remotely.

- **Video remote interpretation (VRI)** - A video-based interpreting event that uses a HIPAA-compliant video telecommunication service hosted by the Contractor that use devices such as web cameras or videophones that use a remote or off-site interpreter to provide language access services on screen. This includes when some, or all parties are located remotely and includes telemedicine appointments.

No-show - A client, DSHS employee, DCYF employee, interpreter, or health care provider fails to appear at the scheduled appointment time.

Request for spoken language - Each contact by an authorized requester with a contractor seeking an interpreter for a specific language, date, and time. Requests include:

- **Filled request** - The status of a request once an interpreter is assigned.
- **Urgent request** - Requests with less than one (1) business day notice or after the coordinating entity's regular business hours, which cannot wait for a response until the contractor's next regular business day.
- **Pending request** - The status of a request waiting for an interpreter to be assigned to the appointment.
- **Unfilled request** - Any request for interpreter services that remains unfilled after the requested appointment time.
- **Last Minute Request** – A request that is less than seven (7) calendar days before the appointment date.
- **Incomplete Request** – A request that has not been fully submitted, or was submitted with inaccurate information

Service area - A section of the state of Washington within which interpreter services are provided. It may include **bordering cities** of states contiguous with the state of Washington if clients typically use approved medical services there.

Service cost - The actual, total cost (interpreter service payment and other expense reimbursement) of providing interpreter services.

Subcontract interpreters (interpreter) - An individual who interprets or translates an oral message from one language to another.

Union - The Washington Federation of State Employees, AFSCME, Council 28, AFL-CIO.

Unallowable charges - Claims for services not approved for payment by HCA.

Urgent spoken language request - A request for a spoken interpreter for an appointment for a covered medical service within 24 hours.

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Interpreter Services Program Overview

What is the purpose of the Interpreter Services program?

In 2012, at the direction of the legislature, the Health Care Authority (HCA) procured a single coordinating entity to provide spoken language interpreter services for Apple Health, Department of Social and Health Services (DSHS), and Department of Children, Youth and Families (DCYF) clients. The **collective bargaining agreement** (CBA) was established between spoken interpreters and the Governor of Washington State.

As recipients of federal funds, health care providers are required to assure language access according to Title VI of the Civil Rights Act of 1964. If the coordinating entity is unable to find an interpreter for the health care provider, the health care provider is still expected to provide interpreter services, seeking an outside resource.

The purpose of HCA's Interpreter Services program is to aid health care providers by supplementing interpreter services for HCA's clients who have limited English proficiency by providing spoken-language interpreter services to those authorized by HCA to request them.

HCA pays for interpreter services for Apple Health clients covered under state-funded Medicaid programs, subject to funding appropriated by the legislature. All claims submitted through HCA must be for interpreters and all payment rates must comply with the CBA.

A spoken-language interpreter is a skilled professional who is certified, authorized, or recognized by the **DSHS Language Testing and Certification program**, bound by a code of ethics, and facilitates provider-client communication.

HCA offers two types of spoken language services: one for **in-person interpreting** and one for **remote interpreting**, including over-the-phone and video remote. Enrolled providers may request either service using an online scheduling portal once enrolled with the coordinating entity.

Who is eligible to request interpreter services?

To be eligible for HCA's Interpreter Services program, providers must be an Apple Health-enrolled provider.

To enroll as a provider with HCA, a health care professional, health care entity, supplier, or contractor of services must, on the date of application, meet all the following:

- Be licensed, certified, accredited, or registered according to Washington State laws and rules
- Meet the conditions in Chapter 182-502 WAC and other chapters regulating the specifics type of provider program, or service, or both
- Have a valid National Provider Identifier (NPI)

To enroll, an eligible provider must sign a Core Provider Agreement (CPA) with HCA according to WAC 182-502-0005. Enrollment of a provider applicant is effective no earlier than the date of approval of the provider application. HCA does not pay for services provided to clients during the CPA application process, regardless of whether the CPA is later approved or denied.

See the **ProviderOne Billing and Resource Guide** to enroll as an Apple Health provider.

In addition, the eligible provider must register as a **new requester with HCA's** coordinating entity for HCA to pay for the interpreter for Apple Health clients attending Medicaid service appointments. For additional information, visit **HCA's Interpreter Services website.**

Who is eligible to provide spoken-language interpreter services for Apple Health clients?

To be eligible to provide spoken-language interpreter services for Apple Health clients, interpreters must meet all the following:

- Be subcontracted with the coordinating entity
- Be certified, authorized, or recognized through the **Department of Social and Health Services (DSHS)**
- Have a valid Washington State Unified Business Identifier (UBI) number or tax registration number
- Have signed and comply with the **DSHS Language Interpreter and Translator Code of Professional Conduct**
- Have passed a Washington State background check
- Have signed all required documents to include the Business Associate Agreement (BAA) and any other requirements from the current coordinating entity

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Client Eligibility

(WAC 182-503-0505(1))

Washington Apple Health is a needs-based program with eligibility determined by income and citizenship/immigration status. Clients active on Washington Apple Health could be eligible to receive services from the Interpreter Services program. Clients are assigned a benefit service package once enrolled. The benefit service package and recipient aid category (RAC) code determine if the client is eligible to receive interpreter services.

How do I verify a client's eligibility?

It is important to always check a client's eligibility before providing any services because it affects who will pay for the services.

Check the client's services card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Apple Health. For detailed instructions on verifying a patient's eligibility for Apple Health, see the Client Eligibility, Benefit Packages, and Coverage Limits section in HCA's **ProviderOne Billing and Resource Guide**.

If the patient is eligible for Apple Health, proceed to Step 2. If the patient is not eligible, see the note box below.

Step 2. Verify service coverage under the Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's **Program benefit packages and scope of services** webpage.

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online**: Go to **Washington Healthplanfinder** - select the "Apply Now" button. For patients age 65 and older or on Medicare, go to **Washington Connections** select the "Apply Now" button.
- **Mobile app:** Download the **WAPlanfinder app** – select "sign in" or "create an account."
- **Phone**: Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).
- **Paper**: By completing an *Application for Health Care Coverage (HCA 18-001P)* form.

  To download an HCA form, see HCA's Free or Low Cost Health Care, **Forms & Publications** webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.

What clients are not eligible for interpreter services?

Clients with the following benefit packages are not eligible for HCA interpreter services:

- GA = General Assistance
- FPO = Family Planning Only
- QI-1 = Qualified Individual
- QMB = Qualified Medicare Beneficiary
- SLMB = Special Low Income Medicare Beneficiary

Recipient aid category (RAC) codes

Clients with the following recipient aid category (RAC) codes are not eligible for HCA interpreter services. Clients with these RACs do have an eligible benefit package, but it does not include interpreter services.

1097, 1214, 1215, 1216, 1098, 1226, 1099, 1227, 1100, 1228, 1112, 1229, 1113, 1230, 1114, 1231, 1115, 1232, 1116, 1233, 1117, 1234, 1118, 1235, 1272, 1282, 1283

Note: If the Benefit Package (BP) ever shows "Pending Spenddown, no coverage" or "Suspended – in Patient Hospital Only," then the client IS NOT eligible. You must verify the BP for every client.

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Coverage

What is covered?

HCA covers the following spoken-language interpreter services:

- In-person, over-the-phone, or video-remote interpreting for Medicaid appointments
- Parking fees

What is not covered?

HCA does not cover interpreter services when any of the following apply:

- The patient is not enrolled in Apple Health.
- The health care services are not covered under the client's benefit package.
- The services requested are not Medicaid-eligible services.
- The health care provider is not an Apple Health-enrolled provider.
- The interpreter services are requested for administrative services (see Definitions)
- Interpreter services are provided by a family member.
- The health care service is an inpatient service (e.g., services provided in an inpatient hospital setting, an emergency room, or a nursing facility).
- The interpreter expenses incurred by a health care provider do not comply with the reimbursement request process.

Fee schedule for in-person interpretation

HCPCS procedure code	Brief description	Max allowable fee effective 7/1/23
T1013	Sign lang/oral interpreter	$46.09/hour
T1013	Sign lang/oral interpreter/OPI	$.62/min
T1013	Sign lang/oral interpreter/VRI	$3.18/min

Note: See the Collective Bargaining Agreement for further details (e.g., minimums/durations, cancellations, etc.).

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Billing

What are the general billing requirements?

All claims must be submitted electronically to HCA, except under limited circumstances. For more information about this policy, see **Paperless Billing at HCA**. For providers approved to bill paper claims, see HCA's **Paper Claim Billing Resource**.

Providers must follow HCA's **ProviderOne Billing and Resource Guide**. These billing requirements include the following:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- What standards to use for record keeping

> **Note:** The coordinating entity must bill for services according to this billing guide. Any costs incurred outside the procedures found in this billing guide are the coordinating entity's responsibility.

How are claims billed electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's **Billers and Providers** webpage, under **Webinars**.

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the **HIPAA Electronic Data Interchange (EDI)** webpage.

What are the billing requirements for the coordinating entity?

Payment timeline

The most important part of billing that the interpreter services coordinating entity should be aware of is the following timeline:

- Once an interpreter approves the job through the coordinating entity's web platform, the coordinating entity must submit the bill to HCA within 10 business days through the ProviderOne billing system.

- Once the payment is received from ProviderOne to the coordinating entity, the coordinating entity must remit payment in the following manner to the interpreter:
  - Payment received from HCA between the 1st and 15th of the month – interpreter paid on the 20th of the same month.
  - Payment received from HCA between the 16th and end of the month – interpreter paid on the 5th of the subsequent month.

Example timeline:

Interpreter approved job on	Coordinating entity bills HCA	HCA pays coordinating entity	Coordinating entity pays interpreter
Mon, July 1	July 11	July 25	August 5
Tues, July 2	July 12	July 30	August 5
Wed, July 3	July 13	August 1	August 20
Fri, July 5	July 15	August 12	August 20
Sat, July 6	July 16	August 15	August 20
Sun, July 7	July 17	August 16	September 5

How does the coordinating entity bill multiple interpreter service claims for the same client on the same date of service?

Apple Health clients can have multiple appointments with health care providers on a specific date and have multiple interpreter requests for the same date of service.

For the coordinating entity to bill these claims without being denied, they must enter SCI=RI in the claim notes field. If SCI=RI is not added to the claim, the claim will be denied as a duplicate. When the coordinating entity enters the SCI=RI in the notes field, they confirm that this is not a duplicate billing and verify that two separate health care services were provided.

How do contractors bill service codes and modifiers?

The coordinating entity for interpreter services must include a procedure code and modifier on each claim to indicate what type of interpreter service was provided. Contractors must input U1 (for Spoken) as the primary modifier into ProviderOne.

Procedure codes	Primary modifier	Secondary modifier	Description
T1013	U1		Spoken language
T1013	U1	U8	Spoken Language/Substance Use Disorder
T1013	U1	U9	Spoken Language/Mental Health
T1013	U1	52	Spoken Language/Cancelled *Cancelation modifier will ALWAYS be last*
T1013	U1	U4	Spoken Language/Over the Phone (OPI)
T1013	U1	U5	Spoken Language/Video Remote (VRI)

Notes:

- Modifier '52' may also be included on the claim for last minute cancellations/No Shows.
- Modifiers U8 and U9 billed in conjunction with another modifier must always be listed second.

> **For example:** T1013:U1:U8:52 = interpreter using a spoken language for an IMC client that was cancelled within 24 hours

- Modifiers U8 and U9 billed in conjunction with modifiers U4 (Over the Phone) or U5 (Video Remote) must always be the third modifier.

> **For example:** T1013:U1:U5:U9 = interpreter using a spoken language to assist a provider performing mental health services via Zoom.

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Claim samples

Examples of how a claim line might look:

Example 1: Spoken Behavioral Health

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Diagnosis Pntrs 1	Diagnosis Pntrs 2	Diagnosis Pntrs 3	Diagnosis Pntrs 4	Submitted Charges	Units
1	04/01/2020	04/01/2020	T1013	U1	U9			1				42.32	1

Example 2: Spoken/Cancelled

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Diagnosis Pntrs 1	Diagnosis Pntrs 2	Diagnosis Pntrs 3	Diagnosis Pntrs 4	Submitted Charges	Units
1	04/01/2020	04/01/2020	T1013	U1	52			1				42.32	1

Example 3: Crisis Over the Phone Behavioral Health

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Diagnosis Pntrs 1	Diagnosis Pntrs 2	Diagnosis Pntrs 3	Diagnosis Pntrs 4	Submitted Charges	Units
1	09/01/2020	09/01/2020	T1013	U4									6

Example 4: Spoken Language Over the Phone (OPI)

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Diagnosis Pntrs 1	Diagnosis Pntrs 2	Diagnosis Pntrs 3	Diagnosis Pntrs 4	Submitted Charges	Units
1	01/01/2022	01/01/2022	T1013	U1	U4			1					6

Example 5: Spoken Language Video Remote (VRI)

Line No	Service Dates From	Service Dates To	Proc. Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Diagnosis Pntrs 1	Diagnosis Pntrs 2	Diagnosis Pntrs 3	Diagnosis Pntrs 4	Submitted Charges	Units
1	01/01/2022	01/01/2022	T1013	U1	U5			1					6

Note: Providers, clinics, and facilities may have additional required criteria for providing services at their location. Interpreters must comply with the requirements of each office/clinic/facility. HCA will not issue payment for interpreters who are turned away for not complying with facility requirements. If you have questions about this, contact **HCA Interpreter Services.**