Provider Alert #2

February 20, 2019

HealthChoices Contracts:
- Allegheny
- Blair
- Berks
- Carbon/Monroe/Pike
- Chester
- Lycoming/Clinton
- Northeast
- North Central
- York/Adams

Reimbursement for Interpreter Services

Scope: This provider alert applies to all ambulatory providers in the following HealthChoices contracts: Allegheny, Blair, Berks, Carbon/Monroe/Pike, Chester, Lycoming/Clinton, Northeast, North Central, and York/Adams. This provider alert cancels Provider Alert 13 (07.10.2008) in the York/Adams and Berks contracts for dates of service beginning April 1, 2019.

Purpose: It is the policy of Community Care that persons with Limited English Proficiency (LEP) or who are deaf/hard of hearing have meaningful access and an equal opportunity to participate in our services, activities, programs, and other benefits. The purpose of this provider alert is to define indications for appropriate billing of interpreter services for deaf/hard of hearing individuals and those with LEP.

It is the expectation that language assistance will be provided through use of competent bilingual staff. Some persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person may not be used as interpreters unless specifically requested by that individual and only after the provider has offered an interpreter at no charge to the person. Such an offer and the response will be documented in the person’s file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest must be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services should be provided.

Children and other clients/patients/residents will not be used to interpret in order to ensure confidentiality of information and accurate communication.

In the absence of bilingual staff, providers shall engage in contracts or formal arrangements with local organizations providing interpretation or translation services.
Reimbursement for Interpreter Services

Community Care will reimburse providers for use of formal interpreter services during face-to-face treatment activities in accordance with the prevailing fee schedule at $15/unit ($60 per hour).

Providers are not required to obtain an authorization or notify Community care in advance in order to bill for interpreter service.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>T1013-UA</td>
<td>Individual/member, 15 minutes or greater portion thereof</td>
</tr>
<tr>
<td>T1013-UB</td>
<td>Family of member, 15 minutes or greater portion thereof</td>
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Interpreter services are primarily intended for communication with deaf/hard of hearing members and those with LEP. If indicated, interpreter services may be used to communicate with the member’s authorized representatives, such as family, regarding their medical conditions and treatment and/or to allow additional person(s) to participate in treatment such as family therapy.

The interpreter procedure codes are covered only when billed with a compensable service on the same day.

The use of interpreter services must be documented in the member clinical record. Documentation must include start/stop time of the services and the name of the interpreter.

Please note: This alert serves as an amendment to your existing contract with Community Care. All ambulatory providers will have the ability to bill this procedure code effective April 1, 2019.