

Chapter 11

Interpreter Services

Overview

Chapter 11 explains how to access interpreter services, professional standards for interpreters, and how to work with interpreters.

This Chapter Includes:

[Access to Interpreter Services](#)

[Arranging for Interpreter Services](#)

[UCare Contracted Interpreter Service Agencies](#)

[Professional Standards for Interpreters](#)

[Guidelines for Working with Interpreters](#)

[Interpreter Services Requirements and Performance Expectations](#)

[Reimbursement and Claims Processing](#)

[MN Community Coding Practice/Recommendation for Interpreter Services](#)

[Place of Service Codes](#)

[How to for Bill Interpreter Services](#)

Access to Interpreter Services

UCare provides interpreters for non-English speaking enrollees of Medical Assistance (MA), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+), *UCare for Seniors* (only services provided at Primary Care Clinic), Minnesota Disability Health Options (*UCare Complete*), *UCare Connect*, and UCare's Minnesota Senior Health Options (MSHO) plans.

Working closely with UCare's Customer Service department, the Cultural Competence Committee (CCC), as well as UCare's primary care providers and the Department of Human Services, Provider Network Management continually evaluates its interpretation network to ensure appropriate geographic, language and cultural competency coverage.

Providers may access interpreter services through:

- UCare's network of contracted interpreters.
An enrollee who needs interpretation services may obtain the names and phone numbers of UCare contracted agencies by calling the Provider Assistance Center or log onto UCare's web site at www.ucare.org.
- UCare's contract with Language Line.
If an in-person interpreter is not available to interpret, a contracted UCare provider who provides services to an UCare enrollee may call the Language Line. The language line center has an interpreter on the phone within minutes. Call the Provider Assistance Center at **612-676-3300** or toll free at **1-888-531-1493** to get the appropriate UCare code to access the Language Line.
- UCare's primary clinic with in-house interpreter service.
Several primary care clinics employ in-house interpreters. The primary care clinic must obtain an addendum to their current primary care contract or an interpreter contract in order to provide services. The primary care clinics have priority for providing interpreter services at their clinic site.
- UCare's primary and specialty network.
The primary care and specialty network is diverse and includes many providers of varied cultures who speak English as a second language. A member may choose to see a provider in their native language, if available, thus eliminating the need for a contracted interpreter provider.

[Table of Contents](#)

Arranging for Interpreter Services

Providers may arrange for interpreter services by following these guidelines:

1. UCare will reimburse sign and oral language interpreter agencies for services at authorized UCare providers.
2. Clinics may call any of the contracted agencies listed in the following section to schedule for interpreter services.
3. The interpreter agency or interpreter is required to perform clinic appointment reminder calls to patients and to accompany patients to prescription pick-ups after a clinic visit. The interpreter is not required to provide transportation to UCare members.
4. The interpreter is expected to arrive 10 minutes earlier than the scheduled appointment.
5. The interpreter is required to remain at the clinic 30 minutes past their arrival time to ensure their availability if the patient or physician is late. The interpreter may leave prior to the 30 minutes wait time if the clinic determines and documents that the appointment has been cancelled and the patient has been contacted and notified by the interpreter. A work order must be completed and signed for the wait time.
6. Interpreters are, except on rare occasions which will be clearly communicated, to be available for a minimum of 60 minutes. If the interpreter needs to leave during the appointment, they must inform the provider/staff a minimum of 15 minutes before they leave to give the provider/staff the opportunity to notify the interpreter service agency and find a replacement interpreter.
7. UCare requires that interpreters wear identification badges at all times while providing services to UCare members. The identification badge must include a picture ID, name of the agency, and full name of the interpreter identifying the interpreter as a medical interpreter.
8. UCare requires that the interpreter completes a work order for each interpreter service. Clinic staff must review the work order for accuracy. The completed work order must be signed and dated by a clinic staff person at the end of the appointment. If there are discrepancies on the work order, the clinic staff may refuse to sign the work order or must make the changes on the work order. If there are changes made by clinic staff on the work order, their initials are required next to the changes. The completed work order must be signed at the end of the appointment; it cannot be signed before the appointment ends, another time, or at a later date.
9. Individual interpreters must not solicit UCare members at any clinic site, unless the clinic indicates that there is a need to have an interpreter readily available.
10. Gender appropriate interpreters must be provided, if requested by the patient or the clinic.
11. UCare will not reimburse for sign and oral language interpreter services, including but not limited to:
 - Services provided at inpatient hospitals and long term care facilities.
 - Interpreter's mileage, parking fees, meals, wait time, transportation, voice mail services, and

- weekend or after-hours premium fees.
- Services provided to any family member or friend of the agency's staff, including but not limited to all interpreters working on behalf of agency (family members are defined as the interpreters parents, spouse, domestic partner, children, grandparents, sibling, mother-in-law, father-in-law, brother-in-law, or sister-in-law).
 - Services if the primary caregiver and/or other clinic staff speak the patient's language.
 - Services provided for worker's compensation or auto injury-related services.
 - Cancellations or no shows by the interpreter.
12. Clinics should schedule follow up appointments or specialty/ancillary services while the interpreter is still present.
13. Clinics are required to notify UCare immediately of any unprofessional and/or inappropriate conduct by a contracted interpreter.
14. Several primary care clinics employ in-house interpreters. The primary care clinic must obtain an addendum to their current primary care contract or an interpreter contract in order to bill for interpreter services for UCare members. The primary care clinics have priority for providing interpreter services at their clinic site.
15. If an in-person interpreter is not available, a contracted UCare provider who provides services to a UCare enrollee may call the Language Line. The Language Line center has an interpreter on the phone within minutes. Call the Provider Assistance Center at **612-676-3300** or toll free at **1-888-531-1493** to get the appropriate UCare code to access the Language Line.

For additional interpreter performance expectations, please read the following section, Professional Standards for Interpreters, of this chapter. It is our desire to enhance access to medical services at your clinic through the interpreter services program.

[Table of Contents](#)

UCare Contracted Interpreter Service Agencies

AGENCY	LANGUAGES	SERVICE AREA (BY COUNTIES)
Affiliated Language Services 1500 – 1 st Ave. NE Suite 111F Rochester, MN 55906 507-271-9103	Amharic, Arabic, Hmong, Laotian, Oromo, Somali, Spanish, Thai, Vietnamese	Anoka, Carver, Dakota, Hennepin, Kandiyohi, Olmsted, Ramsey, Rice, Scott, Stearns, Washington
A-Z Friendly Languages 3818 Brookdale Circle North Brooklyn Park, MN 55443 763-566-4312	Albanian, Amharic, Arabic, Anuak, Armenian, Azerbaijan, Bassa, Belorussian, Bengali, Body, Bosnian, Bulgarian, Cambodian (Khmer), Cantonese Croatian, Czech, Edo, Ewe, Farsi, French, Georgian, German, Grebo, Greek, Hindi, Hmong, Hungarian, Igbo, Japanese, Kisi, Korean, Kpelle, Krahn, Kru, Laotian, Latvian, Lithuanian, Lorma, Mandarin, Mandingo, Mano, Moldavian, Nuer, Oromo, Oromiffa, Polish, Portuguese, Pulaar, Punjabi, Pushtu, Romanian, Russian, Sapo, Sebuano, Somali, Spanish, Susu, Swahili, Tagalog, Telugu, Thai, Tibetan, Tigrinya, Toisanese, Turkish, Twi, Ukrainian, Urdu, Vietnamese, Zulu	Anoka, Blue Earth, Carver, Dakota, Freeborn, Goodhue, Hennepin, Nicollet, Olmsted, Ramsey, Scott, Sherburne, Steele, St. Louis, Stearns, Washington,
ARCH Language Network 1885 University Ave W Suite 75 St. Paul, MN 55104 651-789-7897	Afar, Afghani, Amharic, Anuak, Arabic, Armenian, Belarus, Bosnian, Burmese, Cambodian, Cantonese, Chinese, Cuchi, Dioula, Farsi, French, German, Hindi, Hmong, Igbo, Italian, Karen, Korean, Laotian, Malinke, Mandarin, Mandingo, Nuer, Oromo, Pashto, Pidgin English, Portuguese, Punjabi, Russian, Serbian, Somali, Spanish, Swahili, Tagalog, Thai, Trigrinya, Turkish, Ukrainian, Urdu, Vietnamese, Yoruba	Anoka, Blue Earth, Carver, Dakota, Dodge, Hennepin, Kandiyohi, Le Sueur, Lyon, McLeod, Meeker, Mower, Nicollet, Nobles, Olmsted, Polk, Ramsey, Rice, Scott, Sherburne, Sibley, Steele, St. Louis, Stearns, Wabasha, Waseca, Washington, Wright, Winona

<p>CareInt 4033 Abbott Avenue South Minneapolis, MN 55410 612-922-0587</p>	<p>Russian</p>	<p>Hennepin, Ramsey</p>
<p>Face 2 Face Interpreting 624 Fuller Avenue Suite 201 St. Paul, MN 55104 651-228-1176</p>	<p>Hmong, Ibo/Igbo, Italian, Kpelle, Laotian, Lorma, Nuer, Ormo, Portuguese, Russian, Somali, Spanish, Swahili, Tamil, Thai, Tibetan, Ukrainian, Vietnamese</p>	<p>Anoka, Blue Earth, Carver, Chisago, Dakota,, Hennepin,, Kandiyohi, Le Sueur, Olmsted, Ramsey Rice, Steele, Scott, St. Louis, Stearns, Todd, , Washington, Wright</p>
<p>Garden & Associates 4301 Highway 7 Suite 140 St. Louis Park, MN 55416 952-920-6160 1-877-859-8800</p>	<p>Afghani, Azeri, Amharic, Armenian, Ashanti, Albanian, Arabic, Bengali, Bosnian, Bulgarian, Burmese, Bassa, Belarus, Cantonese, Creole Cambodian, Croatian, Czech, Dan, Dari, Dinka, Dutch, Estonian, Ewe, Fulani, French, Farsi, Gana, Georgian, German, Grebo, Greek, Gujarati, Haitian Creole, Hausa, Hebrew, Hindi, Hmong, Hungarian, Indonesian, Italian, Japanese, Karen, Khmer, Kpelle, Korean, Kurdish, Karen, Kisii, Kpelle, Krahn, Krio, Kru, Laotian, Latvian, Liberian, Lorma, Luganda, Mai Mai, Malayalam, Mina, Mano, Moldavian, Mandingo, Mandarin, Nuer, Nepali, Oromo, Pashto (Central), Pilipino, Persian, Polish, Portuguese, Romanian, Russian, Sinhalese, Somali, Spanish, Sudanese, Swahili, Serbian, Tagalog, Thai, Tibetan, Turkish, Ukrainian, Urdu, Vietnamese, Wolof, Yiddish, Yoruba</p>	<p>Anoka, Beltrami, Benton, Carver, Chisago, Cottonwood, Dakota, Dodge, Goodhue, Hennepin, Isanti, Jackson, Kandiyohi, Le Sueur, Olmsted, Ramsey, Rice, Scott, Sherburne, Stearns, Steele, Traverse, Wabasha, Waseca, Washington, Winona, Wright</p>

<p>Intercultural Mutual Assistance Association 2500 Valleyhigh Dr. NW Rochester, MN 55901 507-289-5960</p>	<p>Amharic, Anuak, Arabic, Bara, Bosnian, Creole, Czech, Dinka, Farsi, French, German, Grebo, Greek, Hindi, Hmong, Homala, Indonesian, Italian, Kamba, Khmer, Korean, Krio, Kurdish, Laotian, Laolue, Lango, Lokoya, Lopit, Laotinh, Lotoko, Mai (Somali), Mandarin, Mende, Neur, Oromo, Philippine, Polish, Portuguese, Punjabi, Romanian, Russian, Somali, Spanish, Swahili, Tagalog, Tamil, Temne, Thai, Tigrinya, Turkish, Urdu, Vietnamese</p>	<p>Goodhue, Rice, Wabasha, Blue Earth, Waseca, Steele, Dodge, Olmsted, Winona, Faribault, Freeborn, Mower, Fillmore, Houston</p>
<p>Itasca Corporation 1545 Livingston Ave Suite 103 West St. Paul, MN 55118 651-457-7400</p>	<p>Afar, Albanian, Anuak, Arabic, Amharic, Armenian, Belarus, Bosnian, Burmese, Cambodian, Cantonese, Cuchi, Chinese, Dioula, Farsi, French, German, Hindi, Hmong, Igbo, Italian, Karen, Kiswahili, Korean, Laotian, Malinke, Mandarin, Mandingo, Neur, Oromo, Pashto, Pidgen English, Portuguese, Punjabi, Romanian, Russian, Serbian, Somali, Spanish, Swahili, Tagalog, Thai, Tigrinya, Turkish, Ukrainian, Urdu, Vietnamese, Yoruba</p>	<p>Anoka, Goodhue, Murray, Olmsted, Rice, Stearns, Winona, Wright, Ramsey, Hennepin, Carver, Washington, Dakota, Lyon, Redwood, Lincoln</p>
<p>Kim Tong Translation Services 3252 – 32nd Avenue South Minneapolis, MN 55406 612-724-5962</p>	<p>Armenian, Amharic, Arabic, Belarusian, Burmese, Bosnian, Cambodian, Cantonese, Croatian, Dari, Farsi, Filipino, French, German, Gujarati, , Hindi, Hmong, Japanese, Karen, Korean, Laotian, Lithuanian, Luganda, Luplith, Mandarin, Nuer, Persian, Polish, Portuguese, Romanian, Russian, Somali, Spanish, Swahili, Swedish, Tamil, Tibetan, Tigrinya, Turkish, Ukrainian, Vietnamese</p>	<p>Benton, Carlton, Jackson, Martin, Pine, Stearns, Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Goodhue, Rice, Wright, Isanti, Chisago, Sherburne, Kandiyohi, Blue Earth, Waseca, Steele, Nicollet, Le Sueur, Rock, Nobles, Pipestone, Murray, Cottonwood, Watonwan, Dodge, Faribault, Fillmore, Freeborn, Olmsted, Wabasha, Winona</p>
<p>La-Mano dba Four Directions Interpreting Translating Services 1400 Madison Avenue Suite 218 Mankato, MN 56002 507-344-8361</p>	<p>Acholi, Amharic, Anuak, Arabic, Arawak, Cambodian, Chinese, Nuer, Oromo, Russian, Somali, Spanish, Tagalog, Urdu, Vietnamese</p>	<p>Blue Earth, Brown, Jackson, Nicollet, Rice, Steele, Faribault, Martin, Waseca, Le Sueur, Olmsted</p>

Multilingual Link 2533 – 24 th Ave. South Minneapolis, MN 55406 612-339-1428	Arabic, Amharic, Armenian, Borana, French, German, Hmong, Italian	Carver, Chisago, Hennepin, Dakota, Ramsey, Anoka, Stearns, Isanti, Sherburne, Washington, Wright
N & N Interpreter Company 10750 Rockford Rd. Apt 209 Plymouth, MN 55442 763-557-6702	Arabic, Farsi, German, Hmong, Romanian, Russian, Spanish, Turkish, Ukrainian	Anoka, Ramsey, Dakota, Hennepin
Project Fine 202 West 3 rd Street Winona, MN 55987 507-452-4100	Arabic, Bosnian, Bulgarian, Chinese, Czech, Dinka, French, German, Hmong, Italian, Japanese, Korean, Laotian, Nepali, Romanian, Russian, Somali, Spanish, Thai, Tibetan	Winona, Olmsted, La Crosse St. Croix, WI, Trempealeau, WI
Slavic Translation Services 6770 28th St SE Buffalo, MN 55313 612-618-6642	Arabic, Belarusian, Georgian, Moldavian, Romanian, Russian, Spanish, Somali, Ukrainian	Chisago, Stearns, Cottonwood, Nobles, Rock, Hennepin, Ramsey, Dakota, Anoka, Washington, Carver, Wright, Sherburne, Scott
Surad Interpreting and Translation Co. 207 East Lake Street Suite #203 Minneapolis, MN 55408 612-872-8059	American Sign Language (ASL), Amharic, Arabic, Bassa, Bosnian, Cantonese, Cambodian, Dinka, Farsi, French, Gro, Hindi, Hmong, Italian, Japanese, Kpelle, Kiswahili, Korean, Kurdish, Laotian, Lingala, Mandarin, Oromo, Russian, Serbo-Croatian, Somali, Spanish, Swahili, Tibetan, Vei, Vietnamese, Yoruba	All MN counties and parts of WI
The Bridge World Language Center, Inc. 110 2 nd St. South Suite 211 Waite Park, MN 56387 320-259-9239 800-835-6870	Amharic, Arabic, Anuak, Belarus, Bengali, Bulgarian, Burmese, Cambodian, Cantonese, Chinese, Creole, Croatian, Farsi, French Guajarati, Hindi, Hmong Indonesian, Italian, Japanese, Javanese, Kissi, Korean, Krahn, Kurdish, Laotian, Nuer, Oromo, Polish, Portuguese, Punjabi, Russian, Sapo/Sapro, Serbo- Croatian, Spanish, Somali, Swahili, Tagalog, Thai, Tigrinya, Ukrainian, Urdu, Vietnamese, Yoruba	Anoka, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright, Benton, Clay, Crow Wing, Kandiyohi, Lyon, Meeker, Olmsted, Rice, St. Louis, Sherburne, Douglas, Koochiching, Nobles, Pope, St. Louis, Stevens, Todd

<p>The Language Banc, Inc. 1625 Park Avenue Minneapolis, MN 55404 612-588-9410</p>	<p>Akan, Albanian, Amharic, Arabic, Armenian, Bashto, Bassa, Belorussian, Bengali, Bhutan, Bosnian, Bulgarian, Cambodian, Cantonese, Cebuano, Comoren, Creole, Creole French, Dari, Dinka (Sudanese), Dutch, Ethiopian, Farsi, Filipino, French, Fulani, German, Gio, Gola, Greek, Greybo, Gujarati, Hausa, Hebrew, Hindi, Hmong, Indonesian, Iran, Italian, Japanese, Katchi, Khmer, Kissi, Kiswahili, Korean, Kosovo, Kpelle, Krahn, Krio, Kru (Liberian), Kurdish, Laotion, Lorma, Mandarin, Mandingo, Mano, Nepali, Neur, Oromo, Pashto, Persian, Polish, Punjabi, Romanian, Russian, Somali, Spanish, Swahili, Tagalog, Taiwanese, Tamil, Telegis, Telegu, Thai, Thirumalai, Tibetan, Tigrinya, Tomi, Turksih, Ukrainian, Urdu, Vietnamese, Wolaff, Yourba</p>	<p>State-wide (all 87 counties).</p>
<p>The Minnesota Language Connection 2250 University Avenue West Suite 245N St. Paul, MN 55114 651-644-7100</p>	<p>Amharic, Arabic, Belarusian, Burmese, Cambodian, Cantonese, Creolo, French, Georgian, German, Haitian, Hindi, Hmong, Karen, Korean, Laotian, Mandarin, Ormo, Portuguese, Russian, Somali, Swahili, Thai, Tibetan, Turkish</p>	<p>Anoka, Blue Earth, Carver, Chisago, Dakota, Dodge, Faribault, Fillmore, Hennepin, Isanti, Itasca, Jackson, Kandiyohi, Le Sueur, Lyon, Olmsted, Rice, Ramsey, Scott, Sherburne, Stearns, Washington, Winona, Wright</p>
<p>United Language and Transportation Service 14 – North 7th Avenue Suite 118 St. Cloud, MN 56303 612-605-4554</p>	<p>Arabic, Amharic, Cambodian, Hmong, Korean, Nuer, Oromo, Somali, Spanish, Swahili</p>	<p>Benton, Blue Earth, Hennepin, Kandiyohi, Norman, Otter Tail, Rice, Sherburne, Stearns, Steele</p>

[Table of Contents](#)

Professional Standards for Interpreters

Quality interpreting requires that the interpreter adheres to a code of ethics and follows professional standards of practice. UCare expects all spoken language interpreters to follow the National Council on Interpreting in Health Care (NCIHC) National Standards for Interpreters in Health Care and the NCIHC National Code of Ethics for interpreters in Health Care. These documents may be found at www.ncihc.org.

American Sign Language (ASL) interpreters are expected to adhere to the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct which can be viewed at www.rid.org. In addition, the ASL interpreter must be RID certified.

[Table of Contents](#)

Guidelines for Working with Interpreters

Use qualified interpreters to interpret.

The most basic requirement is that you have access to an experienced and qualified interpreter who can truly aid communication rather than getting in the way or distorting the messages that you and the patient want to communicate. Being bilingual in English and the patient's language is only a prerequisite for being able to interpret (just as speaking English is only a prerequisite for teaching it; being a native speaker doesn't make you a language teacher). A qualified, professional interpreter has the special skills needed to fully understand anything another person wants to say and to make that person's message clear to another person in a different language. In addition, like any professional, a qualified interpreter knows their role, their limitations, and their responsibilities as an interpreter for others.

Don't depend on children or other relatives and friends to interpret.

Do NOT ask children or relatives or friends of the person you are going to meet with to interpret. Do not call upon staff members or others unskilled in interpreting even if they speak both languages. If bilingual staff with other responsibilities does the interpreting, they must not try to do two things at once, e.g., interpreting and counseling.

Have a brief pre-interview meeting with the interpreter.

Plan to meet with the interpreter for a couple of minutes before the interview to explain the situation and any background needed for understanding what you plan to talk about. Agree with the interpreter in advance on such things as how the interview will start and where the interpreter should sit.

Establish a good working relationship with the interpreter.

If possible, try to work with the same interpreter over time so that you can establish a comfortable working relationship. Although your roles are quite different, you need to be able to work together as a team.

Plan to allow enough time for the interpreted session.

Schedule enough time for the interview, remembering that an interpreted conversation requires every statement or question to be uttered twice.

Address yourself to the interviewee, not the interpreter.

Speak directly to the patient, not to the interpreter, addressing the patient rather than the interpreter as "you." Your eye contact should be with the patient, not with the interpreter -- because it is the patient you are talking to, not the interpreter.

Don't say anything that you don't want the other party to hear.

Expect everything you say to be translated as well as everything the patient says. But remember that what can be said in a few words in one language may require a lengthy paraphrase in another.

Use words, not just gestures, to convey your meaning.

Use words as much as possible to express your meaning, not gestures. The words are easier for the interpreter to deal with and the patient won't be hearing your words at the same time as your gestures.

Speak in a normal voice, clearly, and not too fast.

Speak in your normal voice, not louder or slower (unless the interpreter asks you to slow down). Sometimes it is easier for the interpreter to interpret speech produced at normal speed with normal rhythms, rather than artificially slow speech.

Avoid jargon and technical terms.

Avoid idioms, technical words, or cultural references that the interpreter either might not understand or might have difficulty translating. (Some concepts may be easy for the interpreter to understand but extremely difficult to translate.)

Keep your utterances short, pausing to permit the interpretation.

For consecutive interpreting, you should speak for a short time--one longer sentence or three or four short ones, and then stop in a natural place to let the interpreter pass your message along. Be aware of the length or complexity of your speech so as not to unduly tax the interpreter's memory. Short simple sentences are obviously easier. Do not pause for interpretation in the middle of a sentence, since the interpreter may need to hear the whole sentence before he/she can even start to interpret it.

Ask only one question at a time.

If you link questions together, you may not be able to match the questions with the answers.

Expect the interpreter to interrupt when necessary for clarification.

Be prepared to have the interpreter interrupt when necessary to ask you to slow down, to repeat something they didn't quite get, to explain a word or concept they might not be familiar with, or to add an explanation for something the patient may not be able to understand without some background information.

Expect the interpreter to take notes if things get complicated.

Don't be surprised if the interpreter takes notes to facilitate recall. This is an aid to memory, not an interruption.

Be prepared to repeat yourself in different words if your message is not understood.

If mistranslation is suspected (for example if the response doesn't seem to fit with what you said) go back and repeat what you said in different words.

Have a brief post-interview meeting with the interpreter

Meet with the interpreter again after the interview to assess how things went, to see if the interpreter is satisfied or has questions or comments about the process of communication. If your interpreter has a limited command of English or limited interpreting skills, you may need to do some of the following:

Make sure the interpreter understands her role before you begin.

Urge her to speak directly to you and the other party, using the first person pronoun to refer to the speaker. Instruct her not to add or delete anything, and especially not to add her own comments about what is said, or to offer advice, suggest questions or answers to your questions to the patient, etc.

Use the simplest vocabulary that will express your meaning.
Speak in short and simple sentences.
Check to see if the message is understood.

For important messages, such as instructions, directions, etc., ask the interpreter to repeat the message back to you in English, so you can make sure they understood it and encourage them to ask for clarification of anything they don't fully understand before they attempt to interpret your message to the patient. You can also ask the patient to confirm his or her understanding of what you said if this would not unduly embarrass them.

When interpreting is used you will be communicating THROUGH the interpreter but TO the patient. Dealing with cultural differences and the personality of the patient is primarily your job, not the interpreter's. Here are some things to keep in mind with regard to the linguistic and cultural differences between you and the patient.

EXAMPLE:

There may be less eye contact on the part of the patient than you would normally expect, and the eye contact may be with the interpreter rather than with you.

EXAMPLE:

A smile or nod on the part of the patient may not mean what it would mean if done by you or someone from your culture.

Remember that if the patient comes from a different culture, then so do you.

Remember that if the patient has trouble grasping your way of thinking and the concepts and metaphors involved, you are probably having the same trouble dealing with the patient's way of thinking and the abstractions and metaphors of another culture.

If the patient has language problems when talking to you, then you have language problems too. Probably the patient knows more of your language than you do of his or hers.

Remember that the interpreter is not there (just) to interpret for the patient or to interpret the patient's language. The interpreter is there to interpret for two individuals who don't know each other's languages, you and the patient. The interpreter is there to facilitate communication between the two of you. The interpreter is there to render each speaker's utterances in the other person's language, in such a way that the meaning of each utterance can be understood.

Bruce T. Downing
Program in Translation and Interpreting
University of Minnesota

[Table of Contents](#)

Interpreter Services Requirements and Performance Expectations

The following are requirements and expectations of interpreters and interpreter service agencies:

1. The interpreter agency or clinic, through which the interpreter is working, is required to perform a criminal background check through the Minnesota Bureau of Criminal Apprehension with the cost incurred by either the individual or the employer. Additionally, the interpreter's employer must check the interpreter's status using the Office of Inspector General Exclusion and Excluded Parties Listing System listing at <http://exclusions.oig.hhs.gov/search.aspx> and <https://www.epls.gov/>. Interpreter agency or clinic must provide results upon UCare's request.
2. The interpreter, the interpreter service agency, or clinics, through which the interpreter is working, must comply with immunization and Tuberculosis testing standards. Health care organizations are required to ensure compliance with national standards with regard to immunizations, verification of immune status, and tuberculosis testing among all health care workers. These standards have been established by the Centers for Disease Control and Prevention (CDC). The interpreter service agency will provide documentation certifying interpreters have no active tuberculosis infection and are immune to Hepatitis B, Measles (Rubeola), Rubella (German Measles), and Varicella (Chicken Pox) upon UCare's request.
3. The interpreter agency must make sure the following credentials are recorded and maintained in the Interpreter Service Agency's application, interview notes, and subcontract/employment files:
 - The interpreter is proficient in the patient's native language and in the English language.
 - The interpreter understands and respects the culture of the patient and that of the medical professional.
 - The interpreter shall have a working knowledge of medical terminology and experience in medical interpretation.
 - The interpreter shall provide timely, reliable and competent interpreter services.
 - The interpreter will receive orientation to and follow guidelines based on National Council on Interpreting in Health Care Code of Ethics and Professional Standards of Interpreters.
 - Participant will comply with Minnesota Legislation H.F. No. 1 which requires interpreters to enroll in the Minnesota Roster of Spoken Language Healthcare Interpreters.
4. The interpreter agency must furnish and require the use of identification badges that include a picture ID, name of the agency, and full name of the interpreter who is identifying them as a medical interpreter. The interpreter agency will inform interpreters that they must wear their badge in a visible manner at all times while on health care facility premises and providing interpretation service to UCare members.
5. The interpreter agency may only employ or directly subcontract with individual interpreters. The interpreter agency may not subcontract with any other interpretation agency and may not assign UCare member interpretation services to any agency not directly contracted with UCare.
6. The interpreter agency must inform interpreters that direct solicitation of interpreter services to UCare members or to any Minnesota Health Care Programs recipient is strictly prohibited. The

agency is responsible for enforcing the policy.

7. The interpreter agency is responsible to coordinate and schedule all appointments. The interpreter is strictly prohibited from scheduling direct appointments with clinics, healthcare providers, or members. This excludes, follow up appointments schedule at the end of a medical appointment with the clinic and member present. Follow up appointments scheduled by the interpreter must be reported and coordinated through the interpreter agency.

8. The interpreter agency must document all appointments through their schedule and tacking systems.

9. The interpreter agency must have provisions or policies to ensure that individual interpreters are billing services under the interpreting agency originally contacted to perform the service.

10. The interpreter agency will monitor and assess the quality of interpreter's performance. The interpreter agency agrees that if there are performance issues with specific interpreters, the agency is required to implement a corrective action plan or disciplinary action. In addition, UCare or the clinic reserves the right to deny future assignments to that interpreter. Examples of possible performance issues include, but are not limited to:

- Late arrival to appointments without a valid reason or notice.
- Missing an appointment without a valid reason or notice.
- Lack of English or targeted language fluency.
- Leaving the appointment prior to completion of assignment without the agreement or permission of staff.
- Failure to wear photo ID badge in a visible manner or to provide identification to staff when requested.
- Soliciting business from clinic clients or staff.
- Fraudulent documentation or behavioral.
- Abuse of interpreter services.
- Failure to follow code of ethnics and standards of practice.
- Failure to follow the interpreter agency's polices and/or procedures.
- Schedule appointment which was not requested by the member, clinic, or health plan.
- Unethical conduct and/or behavioral.
- False representation of one's identity, including the agency that they are representing at the time of service.

11. The interpreter agency must supply the work order for the individual interpreters. The work order must have the following information:

- Agency's name and logo.
- Agency's address and phone number.
- Arrival and departure time.
- The member's name and address.
- The member's UCare ID number.
- The date of service.
- Appointment time (not applicable to pharmacy claims).
- Name of clinic or place of service.

- Address of clinic or place of service.
- Comment or Note section.
- Interpreter's name, signature, and date.
- Clinic staff's name, signature and date.

The work order must be signed by the clinic or health care provider's staff at the end of the appointment, not before the appointment ends. Interpreter is not allowed to return to the clinic at a later time or date to have the work order signed.

The interpreter agency is responsible to review and confirm the work order for accuracy. Any corrections made by the clinic, interpreter agency, or interpreter must be initialed and dated by the individual party who had made the changes. The agency must review the corrections and sign the work order acknowledging that the corrections are valid.

12. Verification of UCare member eligibility must be done by the interpreter agency and not the individual interpreters.

13. The interpreter agency must, at all times, record and maintain a written record of all interpreter services. Records must be kept at least 10 years. The agency must provide the written records to UCare upon request.

14. The interpreter agency must submit a quarterly report to UCare. The report is due by the end of the month, following the last month of the quarter. It must include all claims billed to UCare within that quarter. It must be in Microsoft Excel format to include the following information, in this order:

- Enrollee's first, middle, last name.
- Enrollee's UCare identification number.
- Spoken language provided or ASL.
- Date of service.
- Interpreter's first, middle, and last name.
- Start time of the appointment.
- End time of the appointment.
- Clinic or provider's name.
- Clinic or provider's address.
- Type of clinic/appointment, for example face to face, phone, no show.
- Total of units billed on claim.
- Total of amount billed on claim.

See Attachment A for a sample of the report.

15. The interpreter agency must submit a current roster list of their interpreters to UCare prior to the effective date of the agreement between UCare and the interpreter agency. The roster list must be maintained. On a yearly basis, it must be submitted to UCare at the beginning of each year by the end of January. The following information must be included on the interpreter roster list, in Excel format:

- Interpreter's Name (first, middle, last)

- Home address (address, city, state, zip code)
- Social security number
- Date of birth
- Spoke foreign language(s)
- Gender
- Date of hire
- Date of orientation
- Signed date of when Code of Ethic and Standard of Practice
- Ongoing education date(s)
- Date of criminal background, OIG, ELPS checks and results
- Date of individual trainings/certification
- Date of enrollment with the Minnesota Roster of Spoken Language Interpreters

Any changes to the agency's interpreter roster should be sent within 30 days to UCare. This includes new hires and interpreters who are no longer with the interpreter agency. This must be report to UCare on the Interpreter Change Form which is available on line at www.ucare.org.

16. The use of the UCare name or logo in any marketing efforts by the interpreter agency is strictly prohibited without prior approval from UCare.
17. The interpreter agency is responsible to make sure a gender appropriate interpreter is being provided if requested by the patient or clinic.
18. The interpreter agency or interpreter is required to perform a clinic appointment reminder calls to each client within 24 hours prior to the appointment.
19. The interpreter must be available for a minimum of 60 minutes for each appointment.
20. The interpreter is required to arrive 10 minutes early for an appointment.
21. The interpreter is required to remain at the clinic 30 minutes past the appointment time to ensure their availability if the patient or physician arrives late. The interpreter may leave prior to the 30 minutes wait time if the clinic determines and documents that the appointment has been cancelled and the patient has been contacted and notified. A work order must be completed and signed for the wait time.
22. The interpreter must assist the member with checking in and scheduling follow up appointment, as necessary.
23. If the interpreter needs to leave prior to the 60 minutes or before the appointment ends, the interpreter must give the clinic or provider's staff a minimum of 15 minutes advance notice. This is to allow the provider's staff the opportunity to notify the interpreter agency to send a replacement for an interpreter, if needed. The attending interpreter cannot leave until the interpreter agency has confirmed with the provider's staff that a replacement has been filled and an estimated arrival time is provided. The interpreter agency must accommodate the provider, as necessary, until the new interpreter arrives to ensure there is not a lack of communication between the provider and member.

24. The interpreter must stay for the complete duration of the appointment, this includes but is not limited to, clinics, x-ray, labs, and pharmacy.
25. The interpreter agency must respond to requests with one or more days notice as well as to urgent (same day) requests.
26. The interpreter agency must provide the following for:
 - **Same day requests:** Call the requesting clinic as soon as appointment is filled with an accurate estimated time of arrival for interpreter (keeping in mind traffic and parking delays).
 - **Future requests (next day and beyond):** Provide verbal confirmation to the requesting clinic by 4:00 PM on the day the request is made.
27. The interpreter agency must respond to requests during daytime operations (6 AM to 6 PM on weekdays) as well as after hours (6 PM to 6 AM evenings, weekends and holidays).
28. The interpreter agency must respond to emergency situations. An unplanned event requiring an immediate response is considered an emergency. Examples include, but are not limited to:
 - Member's arrival in the Emergency Room.
 - Mental health situations.
 - Member's health could be compromised if not seen immediately.
29. The interpreter agency must respond to emergency requests within 15 minutes. A return phone call from the agency will let the requester know whether or not you can fill the request and provide an accurate estimated time of arrival.
30. If the interpreter agency is unable to fulfill a particular request for interpreter services or needs to cancel an arranged interpreter and cannot find a replacement, the agency must notify the requesting party and UCare immediately.
31. The interpreter agency must supply the interpreter with the following information prior to the appointment:
 - Client name
 - Location
 - Date
 - Time
 - Estimated duration of visit
 - Language required
32. If an interpreter request cannot be filled for a future scheduled appointment, the interpreter agency must give the requesting party and UCare a minimum advance notice of 48 hours.
33. The interpreter agency must have written documentation to support their business operations and relationship with interpreters, including policies and procedures.
34. UCare will conduct site visits to ensure all requirements and expectations are being met.

[Table of Contents](#)

Reimbursement and Claims Processing Guidelines

The following are reimbursement and claims processing guidelines applicable to interpreter agencies:

1. For Minnesota Health Care Program (MHCP) and dual products, face-to-face sign and oral language interpretation services will be reimbursed for covered services only and in the following settings:
 - Medical Clinic
 - Outpatient Hospital
 - Ambulatory Surgery Center
 - Emergency Room
 - Urgent Care
 - Dialysis Facility
 - Home Care
 - Pharmacy
2. For Medicare products, face-to-face sign and oral language interpretation services are covered at the member's Primary Care Clinic and specialty physician visits only. All other location settings are not covered.
3. Face-to-face oral and sign language services will be reimbursed only for covered services listed in the member's Certificate of Coverage or Evidence of Coverage.
4. UCare will reimburse for actual time, on site, face-to-face interpreting only. 'Actual time' is from the beginning to end time of communication between the member, interpreter, and provider which may include:
 - Assisting the member with checking in for the medical appointment.
 - Talking with the receptionist about required paperwork prior to the appointment.
 - Interpreting during the medical appointment.
 - Scheduling follow-up appointments.
5. UCare will reimburse for a no show if the physician, healthcare professional or enrollee did not arrive for the appointment. The interpreter must arrive at clinic or appointment place and remain at least 30 minutes, past the appointment, to be reimbursed for the no show. The work order must be signed and dated for reimbursement.
6. UCare follows the MHCP billing code(s), 1 unit equals 15 minutes.

To be reimbursed for one unit, the number of minutes will have to be eight or more. Less than eight minutes should not be billed and will not be reimbursed.

Effective September 1, 2010, UCare will adopt the interpreter guidelines for best practices developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code

Technical Advisory Group (TAG). More information is available in the following section under “MN Community Coding Practice/Recommendation for Interpreter Services”.

The following is the link to the AUC document: <http://www.health.state.mn.us/auc/codrecgrid.pdf>

7. Claims must be submitted on the 837P format through a clearing house that works directly with UCare for electronic data interchange (EDI) claim transmission. Attachments associated with a claim, such as a work order or adjustment form, must be faxed to UCare with the AUC Claim Attachment Cover Sheet and include an attachment control number (ACN). Please refer to UCare’s Provider Manual, Chapter 6, for detailed information.
8. A work order must accompany each claim and have all of the following information completed on the work order for payment:
 - Interpreter agency’s information, include name, address, city, state, zip code, phone number.
 - Interpreter’s arrival and departure time.
 - Member’s name.
 - Member’s address include city, state, zip code.
 - Member’s identification numbers.
 - Date of service (appointment date).
 - Language provided.
 - Appointment time (exclude pharmacy visit).
 - Name of clinic or place of service.
 - Address of clinic or place of services, include city, state, and zip code.
 - Interpreter’s name, signature and date.
 - Clinic or health care provider’s staff name, signature, and date.

If one or more of the information is missing or incomplete, the claim is not valid for reimbursement.

9. UCare’s standard claim submission timeline for new claims is 12 months from the date of services. Please refer to your contract as this information may vary.
10. UCare’s standard claim adjustment timeline is 12 months from the initial date of when the claim was processed (paid or denied). Please refer to your contract as this information may vary.
11. Face-to-face oral language interpreter services during dialysis treatments are reimbursable for the duration of the initial appointment only. Face-to-face oral interpreter services may be reimbursable, as needed, when a change in the patient’s medical treatment or status requires additional explanation. In the event interpreter services are required during routine dialysis treatments, services should be provided via telephone conference calls.
12. Face-to-face oral language interpreter services during sleep studies are reimbursable for the duration of initial patient orientation only. Upon request of the facility or member, a face-to-face interpreter services for the following morning is reimbursable. In the event the patient wakes during the night and requires interpreter services, services will be provided via telephone conference calls.

13. Interpreter service for American Sign Language (ASL) should be referred to the provider's contract for covered services and reimbursement requirements.
14. Face-to-face oral language interpreter services during outpatient surgery at a hospital outpatient facility or ambulatory surgery center are reimbursable for the preparation time prior to the surgery and recovery time after the surgery.
15. UCare will reimburse for interpreter services during medical telephone conference calls only when a healthcare professional is involved in the call. Reminder phone calls and calls to schedule appointments or transportation service are not covered as part of a medical telephone conference.
16. All interpreter claims are subject to post payment audits, which require the provider's cooperation.
17. UCare will not reimburse for associated charges related to interpreter services, including but not limited to:
 - Services provided at inpatient hospitals and long term care facilities.
 - Interpreter's mileage, parking fees, meals, wait time, transportation, voice mail services, and weekend or after-hours premium fees.
 - Services provided to any family member or friend of the agency's staff, including but not limited to all interpreters working on behalf of agency (family members are defined as the interpreter's parents, spouse, domestic partner, children, grandparents, sibling, mother-in-law, father-in-law, brother-in-law, or sister-in-law).
 - Services if the primary caregiver and/or other clinic staff speak the patient's language.
 - Services provided for worker's compensation or auto injury-related services.
 - Cancellation or no show by interpreter.
 - Appointments not scheduled or coordinated by the interpreter agency.
 - Appointment not requested by the member, clinic, or health plan.
 - Other provisions specifically included in the Interpreter Services Provider Agreement.

On a case by case basis, to ensure member access in rural areas, mileage will be reviewed for payment by UCare. The reimbursement for mileage must be requested prior to the date of service for approval. If another interpreter agency has a local or closer interpreter in the area where the appointment is, UCare reserves the right to contact that agency to ask if they can cover the appointment before we make a final decision.

Request for mileage is prohibited in the following metro counties: **Anoka, Dakota, Carver, Wright, Hennepin, Ramsey, and Washington**. The traveling distance must be 30 miles or more going one way. If mileage is approved, we will deduct 25 miles from the total round trip for payment. The reimbursement for mileage is at the current IRS mileage rate.

Interpreter Mileage Request Form is available online at www.ucare.org. See Billing Example # 4, under "How to Bill for Interpreter Services".

18. UCare will not be charged when the interpreter leaves the appointment prior to the agreed-upon

completion time without the consent or agreement of the respective clinic or healthcare provider's staff.

In the event the interpreter has to leave prior to the appointment ending and the necessary requirements are met as described in the previous section under "Interpreter Services Performance Expectations" the interpreter services will be reimbursed for actual time.

19. UCare will not pay for services that are rendered in a manner inconsistent with the Interpreter Services Performance Expectations described in the previous section.
20. Interpreter services provided by the same interpreter to multiple members at the same location on the same date of service or same member with multiple appointments on the same date of service will be reimbursed as follows:
 - The first appointment of the day will be reimbursed at the one-hour minimum or actual time, whichever is greater.
 - Appointment(s) following the first appointment must have at least one and one half-hours between the end of the last appointment and the start time of the next appointment to be reimbursed at the one-hour minimum or actual time, whichever is greater. Time between appointment(s) that is less than one and one half-hours will be reimbursed for actual time.

See Billing Example # 1 and 2 (A & B) at the end of this chapter under "How to Bill Interpreter Services".

For **home visit** appointments, the one hour and one half-hour time in between appointment, is not applicable. Each appointment will be reimbursed at the one hour minimum or actual time, whichever is greater. If there are two appointments scheduled, back to back, by the same home care agency, the claim should be billed as one claim. The start to end time would include break time in between appointments. Only one signature is necessary on the work order. The last staff person, from the home care agency, should sign the work order.

21. Interpreter services provided by the same interpreter to multiple members simultaneously must be billed as a single visit flat fee. Time in addition to the one-hour minimum will be reimbursed at the quarter hour unit rate.

See billing example # 3 at the end of the chapter under "How to Bill Interpreter Services".

[Table of Contents](#)

Reimbursement and Claims Processing Guidelines

The following are reimbursement and claims processing information for interpreter services provided by clinic staffs:

1. Clinics or hospitals must have a contract or amendment to provide interpreter services and must only bill for face-to-face interpreting time provided within their facility only. If the patient fails to show for the appointment, UCare will not reimburse for no show time.
2. Reimbursement will only be made for clinic visits and outpatient hospital services.
3. Interpretation services must be provided by an employee of the clinic or hospital and must be hired to work as an interpreter for the clinic. The clinic or hospital cannot use a bilingual staff member to provide interpretation services and bill for it.

For example: A Certified Medical Assistant (CMA) who speaks the patient's language and provided the interpretation during the doctor's visit. The interpretation service should not be billed to UCare.

4. Internal clinic/hospital staffs are subject the same performance and expectation guidelines as the interpreters working with an interpreter agency.
5. Interpreter service provided by an outside agency is not billable and will not be reimbursed.
6. Reimbursement will not be made for inpatient hospital services.
7. UCare follows the MHCP billing guidelines and codes for interpreter services.

Questions regarding claims should be directed to the Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

[Table of Contents](#)

MN Community Coding Practice/Recommendation for Interpreter Services, effective 9-1-10

The following information was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) for interpreter services.

- T1013 -- Face-to-face oral language interpreter services per 15 minutes
- T1013-U3 -- Face-to-face sign language interpreter services per 15 minutes
- T1013-GT -- Telemedicine interpreter services per 15 minutes
- T1013-U4 -- Telephone interpreter services per 15 minutes

- Interpreter services provided to multiple patients in a group setting, at the same time
 - T1013-UN – two patients at the same time
 - T1013-UP – three patients at the same time
 - T1013-UQ – four patients at the same time
 - T1013-UR – five patients at the same time
 - T1013-US – six or more patients at the same time
- T1013-52 – drive time, wait time, no show/cancellation per 15 minutes
 - Note: drive time, wait time is not covered by UCare. Modifier 52 is only to be used for ‘no show’ by a patient or physician.
- If patient has more than one visit on the same day and the service was provided by the same interpreter agency, report each visit on a separate service line with 59 modifier
 - T1013- first appointment
 - T1013-59 – second appointment and additional appointment within the same day

- 99199 – Mileage for interpreter services
 - Reporting mileage versus drive time is based on individual contract. 99199 may not be used if drive time (T1013-52) is report
 - Report one unit per mile

Note: Rounding rules apply to all services below. A minimum of eight minutes must be spent in order to report one unit.

[Table of Contents](#)

Place of Service Codes

Listed below are place of service codes and descriptions. These codes should be used to specify the entity where service(s) were rendered.

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
09	Prison Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility, where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (Both surgical and non-surgical), and rehabilitation service by, or under, the supervision of physicians to patient admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
31	Skilled Nursing Facility	A facility which primarily provided inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
65	End-Stage Renal Disease Treatment Facility	A facility other than hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or homecare-care basis.
99	Other Place of Service	Other place of service not identified.

[Table of Contents](#)

How to for Bill Interpreter Services

Example # 1

Interpretation services provided by the same interpreter to same member with multiple appointments on the same date of service will be reimbursed as follows:

- The first appointment, of the day, will be reimbursed at the one-hour minimum or actual time, whichever is greater.
- Appointment(s) following the first appointment must have at least one and one half-hours between the end of the last appointment and the start time of the next appointment to be reimbursed at the one-hour minimum or actual time, which ever is greater. Time between appointment(s) that is less than one and one half-hours will be reimbursed for actual time.

Billing Example # 1: Same Member, Multiple Appointments (prior to 9-1-10)

Same interpreter providing interpretation services to the same member on the same date of service for multiple appointments.

Member' Name	Appt time	Date of service	CPT/HCPC Code	Modifier	Charge	# of Units	Appointment and location
May Zeng	8:30 am to 9:55 am	2-15-10	T1013		\$ 75.00	6	1 st appt at University Clinic
May Zeng	11:30 am to 12:15 pm	2-15-10	T1013	76	\$ 50.00	4	2 nd appt at Active Rehab
May Zeng	1:00 pm to 1:30 pm	2-15-10	T1013	76	\$ 25.00	2	3 rd appt at OB/GYN Clinic

Description of Example # 1:

May Zeng had three appointments on February 15, 2010 and Mary Houg is the interpreter who provided interpretation services at all three appointments. The first appointment was at XYZ Clinic. Later in the morning, the member had a physical therapy appointment at Active Rehab. In the afternoon, the member had a follow up appointment at her OB/GYN Clinic.

Billing Example # 1: Same Member, Multiple Appointments (on or after 9-1-10)

Same interpreter providing interpretation services to the same member on the same date of service for multiple appointments.

Member' Name	Appt time	Date of service	CPT/HCPC Code	Modifier	Charge	# of Units	Appointment and location
May Zeng	8:30 am to 9:55 am	2-15-10	T1013		\$ 75.00	6	1 st appt at University Clinic
May Zeng	11:30 am to 12:15 pm	2-15-10	T1013	59	\$ 50.00	4	2 nd appt at Active Rehab
May Zeng	1:00 pm to 1:30 pm	2-15-10	T1013	59	\$ 25.00	2	3 rd appt at OB/GYN Clinic

Description of Example # 1:

May Zeng had three appointments on February 15, 2010 and Mary Houg is the interpreter who provided interpretation services at all three appointments. The first appointment was at XYZ Clinic. Later in the morning, the member had a physical therapy appointment at Active Rehab. In the afternoon, the member had a follow up appointment at her OB/GYN Clinic.

Example # 2

Interpretation services provided by the same interpreter to multiple members at the same location on the same date of service are reimbursed as follows:

- The first appointment, of the day, will be reimbursed at the one-hour minimum or actual time, whichever is greater.
- Appointment(s) following the first appointment must have at least one and one half-hours between the end of the last appointment and the start time of the next appointment to be reimbursed at the one-hour minimum or actual time, which ever is greater. Time between appointment(s) that is less than one and one half-hours will be reimbursed for actual time.

Billing Example # 2-A: Multiple Members At The Same Location

Same interpreter providing interpretation services to multiple members at the same location on the same date of service.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	Appointment and location
Tong Lee	8:00 am to 8:30 am	2-15-10	T1013		\$ 50.00	4	1 st appt – Ramsey Clinic
John Yang	9:00 am to 9:30 am	2-15-10	T1013		\$ 25.00	2	2 nd appt – Ramsey Clinic
Kong Le	9:45 am to 10:30 am	2-15-10	T1013		\$ 37.50	3	3 rd appt – Ramsey Clinic
Meng Khang	1:00 pm to 1:20 pm	2-15-10	T1013		\$ 50.00	4	4 th appt – Ramsey Clinic
Shoua Xiong	1:45 pm to 2:15 pm	2-15-10	T1013		\$ 25.00	2	5 th appt – Ramsey Clinic

Description of Example # 2-A:

Shaun Le was at ABC Clinic and provided interpreter services to the following members on February 15, 2010: Tong Lee, John Yang, Kong Lee, Meng Khang, and Shoua Xiong.

Continue

Billing Example # 2-B: Multiple Members At The Same Location

Same interpreter providing interpretation services to multiple members at the same location on the same date of service.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	
Yoshi King	8:30 am to 9:00 am	2-15-10	T1013		\$ 50.00	4	1 st appt – Family Practice Clinic
Yu Pheng Wong	9:15 am to 9:45 am	2-15-10	T1013		\$ 50.00	4	2 nd appt – AC Dental
Zhui Zeng	10:00 am to 10:45 am	2-15-10	T1013		\$ 37.50	3	3 rd appt – Family Practice Clinic
Kang Lee	11:00 am to 11:30 am	2-15-10	T1013		\$ 25.00	2	4 th appt – Family Practice Clinic
Wong Kong	1:00 pm to 1:30 pm	2-15-10	T1013		\$ 50.00	4	5 th appt – Family Practice Clinic

Description of Example # 2-B:

Lee Wong is the interpreter who provided interpretation service to Yoshi King, Yu Pheng Wong, Zhui Zeng, Kang Lee, and Wong Kong on February 15, 2010. Appointments for Yoshi King, Zhui Zeng, Kang Lee, and Wong Kong were at ABC Clinic. Appointment for Yu Pheng Wong was at AC Dental.

Example # 3

Interpretation services provided by the same interpreter to multiple members simultaneously must be billed as a single visit flat fee. Time in addition to the one-hour minimum will be reimbursed at the quarter hour unit rate.

Billing Example #3-A: Multiple Members, Simultaneous Appointments (prior to 9-1-10)

Same interpreter providing interpretation services to different members at the same time and place.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	Appt and location
Mohamed Mohamed	8:30 am to 9:55 am	2-15-10	T1013		\$ 75.00	6	1 st appt – Metro Clinic
Mariam Mohamed	8:30 am to 9:55 am	2-15-10	T1013		\$ 0.00	0	1 st appt – Metro Clinic
Mohamed Ali	8:30 am to 9:55 am	2-15-10	T1013		\$ 0.00	0	1 st appt – Metro Clinic

Billing Example #3-A: Multiple Members, Simultaneous Appointments (on or after 9-1-10)

Same interpreter providing interpretation services to different members at the same time and place.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	Appt and location
Mohamed Mohamed	8:30 am to 9:55 am	2-15-10	T1013		\$ 75.00	6	1 st appt – Metro Clinic
Mariam Mohamed	8:30 am to 9:55 am	2-15-10	T1013	UP	\$ 0.00	0	1 st appt – Metro Clinic
Mohamed Ali	8:30 am to 9:55 am	2-15-10	T1013	UP	\$ 0.00	0	1 st appt – Metro Clinic

Description of Example # 3:

The Mohamed family had an appointment on 2-15-10 at ADC Clinic with Dr. Smith. The appointment was from 8:30 am to 9:55 am. The family was roomed together and Yusaf Ali provided interpreter services to the family at the same time.

Example # 4

On a case by case basis, mileage will be reviewed for payment by UCare. The reimbursement for mileage must be requested prior to the date of service for approval. The reimbursement for mileage is at the current IRS mileage rate.

Billing Example # 4: Mileage Reimbursement (prior to 9-1-10)

Mileage request has been made prior to the service and approved by UCare for reimbursement.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	Appt and location
Kim Lee	11:00 pm to 3:30 pm	5-13-10	T1013		\$ 150.00	12	Ramsey Hospital
Kim Lee		5-13-10	S0215		\$ 81.18	198	

Billing Example # 4: Mileage Reimbursement (on or after 9-1-10)

Mileage request has been made prior to the service and approved by UCare for reimbursement.

Member	Appt time	Date of service	CPT/HCP C Code	Modifier	Charge	# of Units	Appt and location
Kim Lee	11:00 pm to 3:30 pm	5-13-10	T1013		\$ 150.00	12	Ramsey Hospital
Kim Lee		5-13-10	99199		\$ 81.18	198	

Description of Example # 4

Kim Lee has a scheduled outpatient procedure on 5-13-10 at Ramsey Hospital. The interpreter, Lee Hung, is driving from out of town. The interpreter agency has sent in request for mileage and it was approved for 198 miles.

[Table of Contents](#)

