

ForwardHealth **UPDATE**

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REIMBURSEMENT AVAILABLE FOR INTERPRETIVE SERVICES FOR MEMBERS WHO ARE DEAF OR HARD OF HEARING OR WHO HAVE LIMITED ENGLISH PROFICIENCY

Effective for dates of service (DOS) on and after August 1, 2023, ForwardHealth will reimburse interpretive services provided to BadgerCare Plus and Medicaid members who are deaf or hard of hearing or who have limited English proficiency (LEP). A member with LEP is someone who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This ForwardHealth Update covers the following topics related to the policy for interpretive services:

- [Interpretive Services](#)
 - [Interpretive Services and Eligible Members Defined](#)
 - [Covered Interpretive Services](#)
 - [Noncovered Services](#)
 - [Procedure Code and Modifiers](#)

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Ambulance Providers, Ambulatory Surgery Centers, Anesthesiologist Assistants, Audiologists, Behavioral Treatment Providers, Case Management Providers, Certified Registered Nurse Anesthetists, Child/Adolescent Day Treatment Providers, Child Care Coordination Providers, Chiropractors, Community Health Centers, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dentists, End-Stage Renal Disease Service Providers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Hearing Instrument Specialists, Home Health Agencies, Hospice Providers, Hospital Providers, Independent Labs, Individual Medical Supply Providers, Intensive In-Home Mental Health and Substance Abuse Treatment for Children Providers, Licensed Midwives, Master's-Level Psychotherapists, Medical Equipment Vendors, Narcotic Treatment Services Providers, Nurse Practitioners, Nurses in Independent Practice, Occupational Therapists, Opticians, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Personal Care Agencies, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Prenatal Care Coordination Providers, Psychologists, Qualified Treatment Trainees, Rehabilitation Agencies, Rural Health Clinics, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Agencies, Specialized Medical Vehicle Providers, Speech and Hearing Clinics, Speech-Language Pathologists, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Therapy Groups, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

- [Allowable Places of Service](#)
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- [Claims Submission](#)
- [Provider Resources](#)

Interpretive Services

Interpretive Services and Eligible Members Defined

Members who typically require interpretive services are:

- Members who are deaf or hard of hearing.
- Members who have LEP.

Interpretive services are defined as the provision of spoken or signed language communication by an interpreter to convey a message from the language of the original speaker into the language of the listener in real time (synchronous) with the member present. This task requires the language interpreter to reflect both the tone and the meaning of the message. Interpretive services are provided by a foreign language or sign language interpreter who has the professional qualifications outlined later in this Update.

“ Interpretive services are defined as the provision of spoken or signed language communication by an interpreter to convey a message from the language of the original speaker into the language of the listener in real time (synchronous) with the member present.

Only services provided by interpreters of the spoken word or sign language will be covered with the Healthcare Common Procedure Coding System (HCPCS) procedure code T1013 (Sign language or oral interpretive services, per 15 minutes). Translation services for written language are not reimbursable with T1013, including services provided by professionals trained to interpret written text.

Covered Interpretive Services

ForwardHealth will cover interpretive services for deaf or hard of hearing members or members with LEP when the interpretive service and the medical service are provided to the member on the same DOS and during the same time as the medical service. A Medicaid-enrolled provider must submit for interpretive services on the same claim as the medical service, and the DOS

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they are provided to the member must match. Interpretive services cannot be billed by HMOs and managed care organizations (MCOs). Providers should follow Current Procedural Terminology and HCPCS coding guidance to appropriately document and report procedure codes related to interpretive and medical services on the applicable claim form. Time billed for interpretive services should reflect time spent providing interpretation to the member. At least three people must be present for the services to be covered: the provider, the member, and the interpreter.

Interpreters may provide services either in-person or via telehealth. Services provided via telehealth must be functionally equivalent to an in-person visit, meaning that the transmission of information must be of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable. Both the distant and originating sites must have the requisite equipment and staffing necessary to provide the telehealth service. Refer to the Telehealth chapter in the Online Handbook for telehealth policy and requirements.

Billing time for documentation of interpretive services will be considered part of the service performed. BadgerCare Plus and Wisconsin Medicaid have adopted the federal “Documentation Guidelines for Evaluation and Management Services” (Centers for Medicare & Medicaid Services [CMS] 2021 and 2023) in combination with BadgerCare Plus and Medicaid policy for Evaluation & Management (E&M) services.

For more information about documentation guidelines for E&M procedure codes, providers may refer to the Documentation topic ([#3414](#)) in the Online Handbook.

Most Medicaid-enrolled providers, including border-status or out-of-state providers, are able to submit claims for interpretive services.

Standard ForwardHealth policy applies to the reimbursement for interpretive services for out-of-state providers, including prior authorization (PA) requirements. For more information, providers may refer to the [Provider Enrollment Information](#) page of the ForwardHealth Portal.

Third-Party Vendors and In-House Interpreters

Providers may be reimbursed for the use of third-party vendors or in-house interpreters supplying interpretive services.

RESOURCES

- [Civil Rights Compliance Information](#)
- [LEP Resources](#)
- [Accessibility Informational Resources](#)

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Providers are reminded that Health Insurance Portability and Accountability Act of 1996 confidentiality requirements apply to interpretive services. When a covered entity or provider utilizes interpretive services that involves protected health information (PHI), the entity or provider will need to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI confidentiality, integrity, and availability. Each entity or provider must assess what are reasonable and appropriate measures for their situation.

Noncovered Services

The following will not be eligible for reimbursement with procedure code T1013:

- Interpretive services provided in conjunction with a noncovered, non-reimbursable, or excluded service
- Interpretive services provided by the member's family member such as a parent, spouse, sibling, or child
- The interpreter's waiting time and transportation costs, including travel time and mileage reimbursement, for interpreters to get to or from appointments
- The technology and equipment needed to conduct interpretive services
- Interpretive services provided directly by the HMOs and MCOs are not billable to ForwardHealth for reimbursement via procedure code T1013

Cancellations or No-Shows

Providers cannot submit a claim for interpretive services if an appointment is cancelled, the member or the interpreter is a no-show (is not present), or the interpreter is unable to perform the interpretation needed to complete the appointment successfully.

Procedure Code and Modifiers

Providers must submit claims for interpretive services and the medical service provided to the member on separate details on the same claim.

Procedure code T1013 is a time-based code, with 15-minute increments. Rounding up to the 15-minute mark is allowable if at least eight minutes of interpretation were provided.

Providers should use the following rounding guidelines for procedure code T1013.

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TIME (MINUTES)	NUMBER OF INTERPRETATION UNITS BILLED
8–22 minutes	1.0 unit
23–37 minutes	2.0 units
38–52 minutes	3.0 units
53–67 minutes	4.0 units
68–82 minutes	5.0 units
83–97 minutes	6.0 units

CONTACT INFORMATION

Provider Services,
800-947-9627

Claims for interpretive services must include HCPCS procedure code T1013 and the appropriate modifier(s):

- U1 (Spoken language)
- U3 (Sign Language)
- GT (Via interactive audio and video telecommunication systems)
- 93 (Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system)

Refer to [Attachment A](#) to this Update for the table listing the delivery methods for interpretive services, including telehealth, and the appropriate modifier(s) that must be submitted with procedure code T1013.

Providers should refer to the [interactive maximum allowable fee schedules](#) for the reimbursement rate, covered provider types and specialties, modifiers, and the allowable place of service (POS) codes for procedure code T1013 for DOS on and after August 1, 2023.

Dental Providers

Dental providers submitting claims for interpretive services are not required to include a modifier with procedure code T1013. Dental providers should retain documentation of the interpretive service in the member’s records.

Dental providers using interpretive services for a telehealth visit should refer to the Telehealth Policy topic ([#510](#)) and the Teledentistry Policy topic ([#22637](#)) in the Online Handbook for more information.

IN THE KNOW

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Allowable Places of Service

Claims for interpretive services must include a valid POS code where the interpretive services are being provided.

Providers may refer to [Attachment B](#) for the allowable POS codes for interpretive services.

Federally Qualified Health Centers

Non-tribal federally qualified health centers (FQHCs), also known as community health centers (CHCs), (POS code 50) will not receive direct reimbursement for interpretive services, as these are indirect services assumed to be already included in the FQHC's bundled prospective payment system (PPS) rate. However, CHCs can still bill the T1013 code as an indirect procedure code when providing interpretive services. This billing process is similar to that of other indirect services provided by non-tribal FQHCs. This will enable the Wisconsin Department of Health Services (DHS) to better track how FQHCs provide these services and process any future change in scope adjustment to increase their PPS rate that includes providing interpretive services.

Rural Health Clinics

Rural health clinics (POS code 72) will receive direct reimbursement for interpretive services. Procedure code T1013 should be billed when providing interpretive services.

Interpretive Services Provided Via Telehealth for Out-of-State Providers

ForwardHealth requirements for services provided via telehealth by out-of-state providers will be the same as the ForwardHealth policy for services provided in-person by out-of-state providers. Requirements for out-of-state providers for interpretive services are the same whether the service is provided via telehealth or in-person. Out-of-state providers who are not enrolled as either border-status or telehealth-only border-status providers are required to obtain PA before providing services via telehealth to BadgerCare Plus or Medicaid members. The PA would indicate that interpretive services are needed.

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Limitations

There will be no limitations for how often members may utilize interpretive services when the interpretive service is tied to another billable medical service for the member for the same DOS.

Documentation

While not required for submitting a claim for interpretive services, providers must include the following information in the member's file:

- The interpreter's name and/or company
- The date and time of interpretation
- The duration of the interpretive service (time in and time out or total duration)
- The amount submitted by the medical provider for interpretive services reimbursement
- The type of interpretive service provided (foreign language or sign language)
- The type of covered service(s) the provider is billing for

Interpreter Qualifications

Allowable Interpreters

The two types of allowable interpreters include:

- Sign language interpreters—Professionals who facilitate the communication between a hearing individual and a person who is deaf or hard of hearing and uses sign language to communicate
- Foreign language interpreters—Professionals who are fluent in both English and another language and listen to a communication in one language and convert it to another language while retaining the same meaning

Qualifications for Sign Language Interpreters

For Medicaid-enrolled providers to receive reimbursement, sign language interpreters must be licensed in Wisconsin under [Wis. Stat. § 440.032](#) and must follow the specific requirements regarding education, training, and locations where they are able to interpret. The billing provider is responsible for determining the sign language interpreter's licensure and must retain all documentation supporting it.

NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the [ForwardHealth Provider Portal Account User Guide](#) has detailed instructions.

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Qualifications for Foreign Language Interpreters

There is not a licensing process in Wisconsin for foreign language interpreters. However, Wisconsin Medicaid strongly recommends that providers work through professional agencies that can verify the qualifications and skills of their foreign language interpreters.

A competent foreign language interpreter should:

- Be at least 18 years of age.
- Be able to interpret effectively, accurately, and impartially, both receptively and expressively, using necessary specialized vocabulary.
- Demonstrate proficiency in English and another language and have knowledge of the relevant specialized terms and concepts in both languages.
- Be guided by the standards developed by the National Council on Interpreting Health Care.
- Demonstrate cultural responsiveness regarding the LEP language group being served including values, beliefs, practices, languages, and terminology.

Claims Submission

To receive reimbursement, providers may bill for interpretive services on one of the following claim forms:

- 1500 Health Insurance Claim Form (for dental, professional, and professional crossover claims)
- Institutional UB-04 (CMS 1450) claim form (for outpatient crossover claims)

Provider Resources

Available Training for Providers

Two live Interpretive Services Training sessions will be available online on the following dates:

- July 20, 2023, at 2–3 p.m.
- July 25, 2023, at 10–11 a.m.

The Microsoft Teams call-in information for July 20, 2023, are the following:

- Microsoft Teams link [to join the meeting](#) (video and audio)



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- Dial-in number (audio only): 929-352-1553
(Phone conference ID number: 574 166 125#)

The Microsoft Teams call-in information for July 25, 2023, are the following:

- Microsoft Teams link [to join the meeting](#) (video and audio)
- Dial-in number (audio only): 929-352-1553
(Phone conference ID number: 842 003 515#)

Both trainings will focus on how to bill for an interpretive service and the professional qualifications needed for a sign language or foreign language interpreter.

Pre-registration is not required for the July 20 or July 25 training sessions.

Following the July 25, 2023, session, a recording of the Interpretive Services Training will be available on the [Trainings](#) page of the Portal for providers who cannot attend either of the live training sessions or choose to refer to the information later.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to interpretive services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate MCOs. MCOs are required to

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provide at least the same benefits as those provided under fee-for-service arrangements.

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This Update was issued on 07/11/2023 and information contained in this Update was incorporated into the Online Handbook on 08/01/2023.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT A

Delivery Methods and Modifiers for Interpretive Services

The following table lists the delivery methods, including telehealth, for interpretive services and the appropriate modifier(s) that must be submitted with Healthcare Common Procedure Coding System procedure code T1013 (Sign language or oral interpretive services, per 15 minutes).

DELIVERY METHOD OF INTERPRETIVE SERVICES	DEFINITION FOR SIGN LANGUAGE AND FOREIGN LANGUAGE INTERPRETERS	MODIFIERS	
In person (foreign language and sign language)	When the interpreter is physically present with the member and provider	U1 or U3	
Telehealth* (foreign language and sign language)	When the member is located at an originating site and the interpreter is available remotely (via audio-visual or audio only) at a distant site	U1 or U3 and GT or 93	
	Phone (foreign language only)	When the interpreter is not physically present with the member and the provider and interprets via audio-only through the phone	U1 and 93
	Interactive video (foreign language and sign language)	When the interpreter is not physically present with the member and the provider and interprets on interactive video	U1 or U3 and GT

*Any telehealth service must be provided using Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant software or delivered via an app or service that includes all the necessary privacy and security safeguards to meet the requirements of HIPAA.

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ATTACHMENT B

Allowable Place of Service Codes for Interpretive Services

The following table lists the allowable place of service codes and descriptions that may be submitted on claims for covered interpretive services.

CODE	CODE DESCRIPTION	CODE	CODE DESCRIPTION
01	Pharmacy	25	Birthing Center
02	Telehealth Provided Other Than in Patient's Home	26	Military Treatment Facility
04	Homeless Shelter	33	Custodial Care Facility
05	Indian Health Services Free-Standing Facility	34	Hospice
06	Indian Health Service Provider-Based Facility	41	Ambulance—Land
07	Tribal 638 Free-Standing Facility	42	Ambulance—Air or Water
08	Tribal 638 Provider-Based Facility	49	Independent Clinic
09	Prison/Correctional Facility	50	Federally Qualified Health Center
10	Telehealth Provided in Patient's Home	52	Psychiatric Facility—Partial Hospitalization
11	Office	53	Community Mental Health Center
12	Home	54	Intermediate Care Facility/Individuals with Intellectual Disabilities
13	Assisted Living Facility	56	Psychiatric Residential Treatment Center
14	Group Home	57	Non-residential Substance Abuse Treatment Facility
15	Mobile Unit	60	Mass Immunization Center
16	Temporary Lodging	62	Comprehensive Outpatient Rehabilitation Facility
17	Walk-in Retail Health Clinic	65	End-Stage Renal Disease Treatment Facility
18	Place of Employment—Worksite	71	Public Health Clinic
20	Urgent Care Facility	72	Rural Health Clinic

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CODE	CODE DESCRIPTION	CODE	CODE DESCRIPTION
22	On Campus—Outpatient Hospital	81	Independent Laboratory
23	Emergency Room—Hospital	99	Other Place of Service
24	Ambulatory Surgical Center		

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