

## Interpreter Services Billing Changes

### Attention All Providers:

Effective July 1, 2023, Wyoming Medicaid enrolled interpreters will no longer be able to bill Wyoming Medicaid directly for interpreter services. The Centers for Medicare and Medicaid Services (CMS) has stated that interpreters cannot be enrolled as Medicaid qualified providers or paid directly by Medicaid. On July 1, 2023, all interpreter providers will be disenrolled from Wyoming Medicaid.

**Interpreter services will continue to be paid by Wyoming Medicaid through a Wyoming Medicaid enrolled provider who performs and bills for the medical visit, and also bills for the interpreter service as an auxiliary aid or service to the medical visit.**

### Background:

#### *ADA requirements:*

Title II and Title III of the Americans with Disabilities Act ("ADA"), 42 U.S.C. §§ 12131-34 & 12181-89, prohibits discrimination on the basis of disability in a range of covered areas, including healthcare services. The ADA applies to all types of private and state and local government healthcare providers, including, but not limited to, hospitals, skilled nursing facilities, urgent care centers, physicians, dentists, optometrists, mental health providers, and medical equipment providers. Further, the ADA applies to all services that covered entities provide, including in-person medical services, telehealth appointments and websites.

Pursuant to the ADA, healthcare providers are required to ensure that communication with people with disabilities is as effective as communication with people without disabilities. Healthcare providers are required to take affirmative steps including furnishing appropriate auxiliary aids and services, such as qualified sign language interpreters to individuals who are deaf or hard of hearing, accessible electronic technology to individuals who are blind or have low vision, and speech-to-speech translators for individuals who have speech disabilities. Further, healthcare providers may not decline to provide treatment to an individual solely because they have a disability and may need auxiliary aids and services.

#### Providers must:

- Furnish appropriate auxiliary aids and services where necessary to ensure that communications with patients, companions, and members of the public who are deaf or hard of hearing are as effective as communications with others;
- Review its policy and any related procedures and make any revisions necessary to ensure it is taking any necessary steps to provide effective communication with patients and companions who are deaf or hard of hearing;
- Give primary consideration to the request of a patient or companion who is deaf or hard of hearing;
- Document any assessments conducted for auxiliary aids and services in a patient's record;
- Create an auxiliary aid and service denial log; and
- Train all staff regarding the requirement to ensure effective communication with patients and companions who are deaf or hard of hearing, are blind or have low vision, or have a speech disability.

### *Limited English Proficiency (LEP)*

Title VI and Department of Health and Human Services regulations, 45 C.F.R. § 80.3(b)(2), require recipients of Federal financial assistance from HHS to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Recipients of HHS assistance may include hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs, State, county, and local health agencies. It may also include State Medicaid agencies, State, county, and local welfare agencies, programs for families, youth, and children, Head Start programs, public and private contractors, subcontractors, and vendors, and physicians and other providers who receive Federal financial assistance from HHS.

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the recipient; (2) the frequency with which LEP individuals come into contact with the program; (3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and (4) the resources available to the grantee/recipient and the costs of interpretation/translation services. There is no “one size fits all” solution for Title VI compliance with respect to LEP persons, and what constitutes “reasonable steps” for large providers may not be reasonable where small providers are concerned.

For more information please visit <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>

### **Medicaid Providers Covered for Use of Interpreter Services**

Wyoming Medicaid will pay for interpreter services for most types of Wyoming Medicaid enrolled providers. Services Wyoming Medicaid **will not** reimburse providers include the following:

- Inpatient or outpatient hospital services
- Intermediate Care Facilities for persons with Intellectual Disability (ICF-ID)
- Nursing facilities
- Ambulance services by public providers
- Psychiatric Residential Treatment Facilities
- Comprehensive inpatient or outpatient rehabilitation facilities
- Other agencies/organizations receiving direct federal funding
- Interpreter services provided by family members or by a volunteer, associate, or friend
- Reimbursement for travel to and from the appointment
- Services provided to a Member on an ALEN program that are not emergency services

### **Billing for Interpreter Services**

An interpreter used by a Wyoming enrolled provider must adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC).

A need for an interpreter is indicated by a client and the provider. The provider may have their own interpreter provider or one can be found at <https://health.wyo.gov/publichealth/office-of-performance-improvement-and-health-equity/multicultural/cultural/>

- Wyoming Medicaid will only pay for the time spent with the member
- The procedure code for interpretation services is T1013 when billed as an auxiliary aid or service with the medical visit's billed CPT code
- One (1) unit = 15 minutes
- When not providing services in-person the GT modifier must be used
- Documentation supporting the need for an interpreter must be in the client's file

Additional information and resources can be found at <https://health.wyo.gov/publichealth/office-of-performance-improvement-and-health-equity/multicultural/cultural/>.

Federal guidance can be found at <https://archive.ada.gov/hospcombr.htm>.

**Deployment Information**

**Reminder Deployment Date:** June 2, 2023

**Audiences:** All Providers