Fee-for-service reimbursement for interpreter services

Title VI of the Civil Rights Act, the Americans with Disabilities Act (ADA), Section 1557 of the Affordable Care Act and corresponding regulations 45 CFR Part 92 (Section 1557) require providers to ensure meaningful access to language services at all health care visits as described on the US Department of Health and Human Services' Office of Civil Rights website.

To support the cost of health care interpreter services provided at fee-for-service visits covered by the Oregon Health Plan (OHP), the Oregon Health Authority (OHA) now pays enrolled Oregon Medicaid providers a $60 add-on fee per date of service.

Coverage criteria

OHA will cover this fee only when:

- The fee is billed in conjunction with a covered OHP service or medically necessary follow-up visit(s) related to the initial covered service;
- The fee is not billed in conjunction with bundled rate services that incorporate administrative costs (e.g., inpatient hospital stays, home health or hospice visits, services provided by long-term care facilities, or services billed at an encounter rate by rural health clinics, federally qualified health centers and tribal health centers); and
- The language assistance service is provided by a qualified or certified health care interpreter as described in Oregon Revised Statute (ORS) Chapter 413.

How to find qualified or certified health care interpreters

OHA's Health Care Interpreter Registry lists all qualified or certified health care interpreters.

Providers who normally use a local CCO's interpreter service may want to use the same service for fee-for-service members. In this case.

- Verify that the interpreter is registered with OHA's Health Care Interpreter Registry.
- If the interpreter is registered, providers would pay the interpreter service directly for the services provided, then bill OHA for the add-on fee.

Billing

Enrolled Oregon Medicaid providers can bill for the add-on fee when billing for the covered health care visit. To do this, add the fee as a new detail line on the new or adjusted claim.

Field	Description
Procedure	CDT code D9990 for dental visits. HCPCS code T1013 for other visits.
Date(s) of service	The date of the covered health care visit
Units	1
Charges	$60

Documentation requirements

Keep documentation in the medical record that indicates use of qualified or certified health care interpreters for any potential audit of services billed.