



Provider's Guide on How to Bill for Sign Language Reimbursement

Interpreter Services Program Medicaid Program Division January 2025



Washington State Health Care Authorit

HCA Reimbursement Policy for Sign Language Interpreter Requests

The Health Care Authority (HCA) will provide reimbursement for sign language interpreter requests submitted through the ODHH online request form. This process is used when ODHH is unable to secure an interpreter for the Apple Health client's appointment. Reimbursement will be paid at the current ODHH rate. Mileage, travel time, toll fees, and parking will be paid at the incurred rate.





Reimbursement Training Objectives

Objectives:

- Which requests are eligible for reimbursement?
- Which requests are not eligible for reimbursement?
- How much will I be reimbursed?
- How do I cancel a request?
- How do I request reimbursement?
- Step by step entry for reimbursement claim submission.





Provider Responsibility

- According to <u>Title VI of the Civil Rights Acts of 1964</u> and the <u>Americans with Disabilities Act (ADA)</u>, providers are required to assure language access. HCA supports you in this effort by offering interpreter services through our contractors.
- If HCA's interpreter services contractors are unable to provide an interpreter, providers are responsible to provide an interpreter at their expense.



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Which Requests are Eligible for Reimbursement?

HCA will **only** reimburse providers for pre-scheduled requests submitted through ODHH online request form prior to the appointment. Claims for reimbursement must be submitted within 90 days from the date of service, include a prior authorization reference number, ODHH service request number and meet the below criteria:

- Request was unable to be filled by ODHH contractor
- Request follow ODHH Master contract guidelines
- Eligible health care services
- Medicaid-eligible clients
- Medicaid-enrolled providers
- Completed appointments⁵





Which Requests are not Eligible for Reimbursement?

Apple Health Medicaid does not pay or reimburse for interpreter services when:

- The request was not submitted to through the ODHH online request form prior to the appointment.
- The interpreter is a member of the client's family.
- The client is receiving inpatient and/or hospital service.
- The client is receiving nursing facility services.
- The provider is a public health agency or hospital.
- The interpreting is providing administrative services, including but not limited to:
 - □ Scheduling appointments
 - Appointment reminder calls
 - Miscellaneous office or bookkeeping tasks





How Much Will I be Reimbursed?

Interpreter rates are reimbursed at the full rate posted on the Department of Enterprise Service's master contracts for <u>referral agencies</u> and <u>independent contractors</u>, or a maximum of \$55 per hour.

Any expense that exceeds the established reimbursement rate will not be covered. **Providers are responsible for paying the difference.**

Mileage, travel time and toll fees are reimbursed at the cost incurred.







How do I Cancel a Request?

If ODHH is unable to fill your interpreter request within your timeframe, proceed with the following for reimbursement:

- Cancel your request with the ODHH contractor If you need to cancel a request, you must email the contractor and include:
 - 1. Service Request (SR) number you are cancelling
 - 2. Reason for the cancellation

Note: If you cancel a request that has been filled by an interpreter you will not be eligible for reimbursement







How Do I Request Reimbursement?

Once you secure your own interpreter and pay for their services, you will need to :

Email HCA Interpreter Services at INTERPRETERSVCS@hca.wa.gov

- a. Subject line of email must read: Reimbursement Request
- b. Body of email must include:
 - i. SR number of request you have canceled
 - ii. Date of the appointment
 - iii. Attach a copy of the paid invoice which must include:
 - 1. Interpreter name
 - 2. Date/Time of service
 - 3. Total paid amount (include travel time
 - and amounts for mileage, parking fees, ferry and toll fees)





What Do I Do Once I receive Approval for Reimbursement?

Once HCA has sent a confirmation email that the request was approved:

- Provider is free to submit a ProviderOne reimbursement claim. This claim will be paid up to ODHH rates. The provider must know the prior authorization number (PA).
- Upload a copy of the paid interpreter invoice to the reimbursement claim as well as proof of mileage, parking fees, ferry and toll fees.



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How to Bill a Claim in ProviderOne

ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge, Internet Explorer (IE) for Windows, and Safari for Windows and MAC.

In order for **ProviderOne** to work on your computer, verify your browser **allows popups**, as these are vital to successful claims submission.





Claim Submission

From the Provider Portal, select the **Online Claims Entry** option located under the **Claims** heading.

Online Services	0
Claims	~
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837))
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	







Claim Submission

Select the Submit Professional

option.

Close	
Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental





Claim Level: Billing Provider Details

The Billing Provider Information of the claim screen is where the provider billing specifics will be entered. The sign language taxonomy code must be used on reimbursement claims.

	PROVIDER INFORMATION										
	Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers. BILLING PROVIDER										
* P	rovider NPI: * Taxonon	ny Code: 171R00000X									
0	* Is the Billing Provider also the Rendering Provider?	⊖Yes ⊖No									
0	* Is this service the result of a referral?	⊖Yes ⊖No									

Note: The claim will deny if the sign language taxonomy code **171R00000X** is not entered on this screen.





Claim Level: Subscriber/Client Details

- The Subscriber/Client Information section is designated for the client information of the patient that is receiving services.
- Answer "no" to the below questions:
 - Is the claim for a baby on mom's client ID?
 - Is this a Medicare Crossover Claim? Answer is always No
- The "Other Insurance Information" section can be skipped as it is not needed for sign language billing.

	SUBSCRIBER/CLIENT INFORMATION										
SUB	SUBSCRIBER/CLIENT										
* Cli	* Client ID:										
(±	Additional Subscriber/Client Information										
0	Is this claim for a Baby on Mom's Client ID?	⊖Yes ⊖No									
8 *	Is this a Medicare Crossover Claim?	OYes No									
+ 0	THER INSURANCE INFORMATION										

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Claim Level: Subscriber/Client Details

Once the field is expanded enter the **Patient's Last Name, Date of Birth,** and **Gender**. These are required fields.

• The date of birth must be in the following format: **MM/DD/CCYY**.

	SUBSCRIBE	R/CLI	ENTIN	ORMATIC	N			
SUE	SCRIBER/CLIE	NT						
* Cl	ient ID:							
	Additional Sub	scriber	/Client	Informatio	n			
*	Org/Last Name:					First Name:		
		mm	dd	ссуу	_			
	* Date of Birth:					* Gender:		
		mm	dd	ссуу				
	Date of Death:					Patient Weight:	lbs	
Pa	tient is pregnant:	⊖Yes (⊖No					







Claim Level: Claim Information Section

	CLAIM INFORMATION						^
	Other Claim Info to include the follow						
	alized Line Services, Miscellaneous Lin RIOR AUTHORIZATION	e Data, Line Level Provi	ders, Miscellaneous Line Date	s, Test Results of Form Identif	ication information.		
	LAIM NOTE						
÷ E	PSDT INFORMATION						
+ C	ONDITION INFORMATION						
0	* Is this claim accident related?	⊖Yes⊖No					
CLAI	IM DATA						
Pa	tient Account No.:						
*	Place of Service:	~					
+	Additional Claim Data						
Diag	nosis Codes: * 1: Z710) 2:	3:	4:	5:	6:	
	7:	8:	9:	10:	11:	12:	
							Тор



Claim Level: Prior Authorization

Click on the red (+) expander to open the Prior Authorization section.

PRIOR AUTHORIZATION

 Enter the approved Prior Authorization Number. This is a required field for sign language claims.

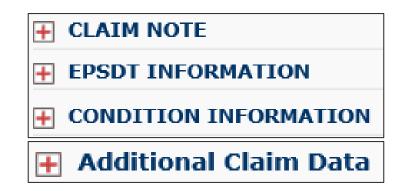
PRIOR AUTHORIZATION	
1. * Prior Authorization Number:	





Claim Level: Claim Note, EPSDT Information, Condition Information

All of these areas should be skipped as they are not needed for sign language billing.





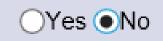


Claim Level: Is this claim accident related?

This question will always be answered No



Is this claim accident related?







Claim Level: Patient Account Number

 The Patient Account No. You have the option to enter an internal patient account number number that will be included in the Remittance and Status Report (RA)

atient Account No.:
atient Account No.:

The Place of Service code is required. For sign language billing you will choose either option 11-OFFICE or 12-HOME.

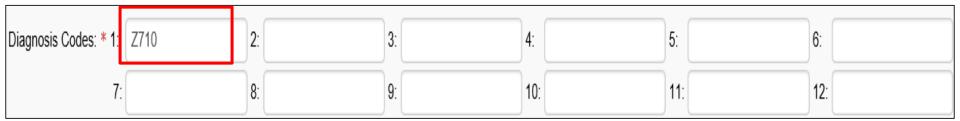






Claim Level: Diagnosis Codes

- Diagnosis code Z710 is the only code used for sign language billing.
 Enter this diagnosis in box 1 of the diagnosis area.
- Enter this diagnosis without a decimal point.



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Line Level: Service Dates and Place

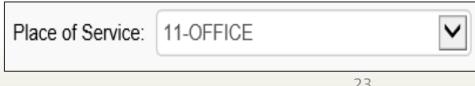
Enter the Service Date To and From and Service

Date To fields. This should match the date of the appointment on the Master Interpreter Request Form for Medical.

The dates of service must be entered in the following format: MM/DD/CCYY



- The **Place of Service** code is optional at the service line level as it was previously entered. For sign language billing you will choose:
- **11-OFFICE**
- **12-HOME**







Line Level: Procedure Code

- Enter the Procedure Code.
- The following procedure codes that will be used for sign language billing are:
 - T1013 Sign Language Interpreter Services
 - S0215 Mileage
 - A0170 Parking Fees/Tolls
 - T2024 Agency ONLY Finder's Fee

* Procedure Code: T1013





Line Level: Modifiers

- When billing for sign language codes or services related to sign language the U3 modifiers is required with each code.
- Enter the appropriate 2 digit modifier(s) in the **Modifiers** box.
 - First modifier will always be U3
 - Additional modifiers may include:
 - Modifier U8 for behavioral health or
 - Modifier U9 for substance abuse disorder (SUD)
 - Modifier 52 for cancelled appointment



Note: 52 modifier will always be the last modifier in a series





Line Level: Submitted Charges and Diagnosis Pointers

Enter the **Submitted Charges**.

If the dollar amount is a whole number, no decimal point is

needed.

* Submitted Charges: \$

For the sign language billing, choose the number 1 from the **Diagnosis Pointer** dropdown box 1.



Enter the procedure Units.

- For Sign Language interpreter services, 1 unit equals 15 minutes
- For mileage, 1 unit equals 1 mile.

* Units:	



Line Level: Medicare Crossover Items, Drug Identification, Prior Authorization, and Additional Service Line Information

The following areas are not required for sign language billing.

Hedicare Crossover Items								
National Drug Code:								
Drug Identification								
+ Prior Authorization								
Additional Service Line Information								





Line Level: Service Details

Select the **Add Service Line Item** button to add the procedure line on the claim.

					•	Add Service Line Item Vpdate Service Line Item									
Previously Entered Line Item Information															
Click a Line No. below to view/update that Line Item Information.								Total Submitted Charges: \$ 30.00							
Line	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs			Submitted	Units	PA		
No	From	То	Plot. Code	1	2	3	4	1	2	3	4	Charges		Number	
1	01/23/2020	01/23/2020	T1013	U3				1				30.00	2		Delete or Other Service Info

Note: Ensure all necessary claim information has been entered before clicking the button to add the service line to the claim, or you may get errors.





Update Service Line Items

- To change a service line item select the number of the line that needs to be updated.
 - This will repopulate the service line item boxes for edits to be made.
 - Once the service line is updated, click the Update Service Line Item button to add corrected information to the claim

								Add Service Line Item							
Prev	Previously Entered Line Item Information														
Clic	Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00														
Line Service Dates		n o l	Modifiers				Diagnosi		osis Pntrs		Submitted		РА		
No	From	То	Proc. Code	1	2	3	4	1	2	3	4	Charges	Units	Number	
1	01/23/2020	01/23/2020	T1013	U3				1				30.00	2		Delete or Other Service Info



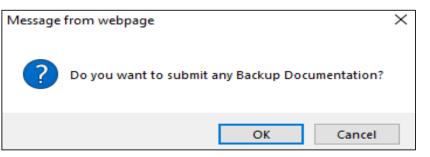


Submitting Claim for Processing

Click on the Submit Claim button on the top left header bar to submit your claim.

Clo	ose 🖺 Save Claim	Submit Claim	Reset					
	Professional Cla	aim						
Note:	Note: asterisks (*) denote required fields.							
Basic Claim Info Other Claim Info								
Billing Provider Subscriber Claim Service								

The following pop up window is displayed.



Click on the OK button to attach a copy of the paid invoice.





Submitting Claim for Processing

- The **Claims Backup Documentation** page is displayed.
 - Enter the Attachment Type of 77-Support Data for Verification.
 - Enter the **Transmission Code** of EL-Electronically Only.
 - Click on the Browse button to choose the electronic file to attach.
- Click on the **OK** button.

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.	
Attackment Types 77 Synamic Data for Varifaction . M * Tenemission Cades EL Electronicelly Only	
Attachment Type: 77-Support Data for Verification 💉 * Transmission Code: EL-Electronically Only *	
Line No:	
Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS, XLSX, DOCX-	~
Filename: Browse *	
	ł



- The Submitted Professional Claim Details confirmation page is displayed. It will display a summary of the basic claim information, as well as the assigned claim number (TCN).
- ProviderOne will display the attached electronic record under the Attachment List section.
- Click the final Submit button to send your claim to ProviderOne.

Submit	ted Professi	onal Claim Details:					
		TCN: 2	202003800000015000				
		Provider NPI: 5	5100000004				
		Client ID: 9	999999998WA				
		Date of Service: 0	01/01/2020-01/01/2020				
		Total Claim Charge: \$	\$ 10.00				
	dd Attachmen	t" button, to attach the	documents.				Add Attachment
	nent List File Name	t" button, to attach the Attachment Type	documents. Transmission Code	Attachment Control #	File Size	Delete	Add Attachment
Attachr	ment List	1	1	Attachment Control # ▲ ▼	File Size		- -
Line No	nent List File Name	Attachment Type	Transmission Code			Delete	Uploaded On
Line No	ment List File Name ▲ ▼ test.docx	Attachment Type ▲ ▼ 77	Transmission Code △▼ EL	A V	▲ ▼ 12kb	Delete ▲▼ X	Uploaded On



Trouble Shooting Uploading Invoices

If you are unable to upload a copy of your paid invoice it could be because:

- The naming convention has symbols
- The document type is not recognized/accepted into provider one
- There is a problem with the attachment

When submitting additional documentation in ProviderOne the following are acceptable file formats: PDF, GIF, JPEG, DOC, DOCX, XLSX and document sizes no more than 10 MB.

Note: If you continue to have trouble uploading paid invoice please email the HCA Interpreter Services Inbox for assistance.



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HCA Interpreter Services Program

Contact

INTERPRETERSVCS@hca.wa.gov

Additional Information

• <u>www.hca.wa.gov/isproviders</u>

Note: Contact HCA Interpreter Services for program and policy questions. Contact Provider Enrollment for provider file updates.

Additional Resources

ProviderOne

- www.hca.wa.gov/billers-providerspartners/apple-health-medicaidproviders/enroll-provider
- 1-800-562-3022 Ext 16137

ODHH

- <u>https://www.dshs.wa.gov/alts</u>
 <u>a/odhh</u>
- 1-800-422-3263

