



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

Interpreter Services Program  
Medicaid Program Division  
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# 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 [Title VI of the Civil Rights Acts of 1964](#) and the [Americans with Disabilities Act \(ADA\)](#), 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.

# 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 appointments<sup>5</sup>

# Which Requests are not Eligible for Reimbursement?

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

- The request was not submitted 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 [referral agencies](#) and [independent contractors](#), 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](mailto: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 ODH 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.



# 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.



# 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.

	<b>PROVIDER INFORMATION</b>
Go to <a href="#">Other Claim Info</a> to enter information for Referring, Purchasing, Supervising and other providers.	
<b>BILLING PROVIDER</b>	
* Provider NPI:	<input type="text"/>
* Taxonomy Code:	<input type="text" value="171R00000X"/>
 * Is the Billing Provider also the Rendering Provider?	<input type="radio"/> Yes <input type="radio"/> No
 * Is this service the result of a referral?	<input type="radio"/> Yes <input type="radio"/> 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

SUBSCRIBER/CLIENT

\* Client ID:

+

Additional Subscriber/Client Information

?

Is this claim for a Baby on Mom's Client ID?

☐ Yes
 ☐ No

?

\* Is this a Medicare Crossover Claim?

☐ Yes
 ☒ No

+

OTHER INSURANCE INFORMATION

# 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**.

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

\* Client ID:

Additional Subscriber/Client Information

\* Org/Last Name:

mm

dd

ccyy

\* Date of Birth:

mm

dd

ccyy

Date of Death:

Patient is pregnant:

Yes

No

First Name:

\* Gender:

Patient Weight:

lbs



# Claim Level: Claim Information Section

CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:  
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

PRIOR AUTHORIZATION

CLAIM NOTE

EPSDT INFORMATION

CONDITION INFORMATION

? \* Is this claim accident related?
 ☐ Yes ☒ No

CLAIM DATA

Patient Account No.:

\* Place of Service:  ▼

Additional Claim Data

Diagnosis Codes: \* 1:  2:  3:  4:  5:  6:

7:  8:  9:  10:  11:  12:

Top



# Claim Level: Prior Authorization

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



- 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.

	<b>CLAIM NOTE</b>
	<b>EPSDT INFORMATION</b>
	<b>CONDITION INFORMATION</b>
	<b>Additional Claim Data</b>

# Claim Level: Is this claim accident related?

This question will always be answered **No**

 \* Is this claim accident related? ☐ Yes ☒ No



# Claim Level: Patient Account Number

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

Patient Account No.:	<input type="text"/>
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- The **Place of Service** code is required. For sign language billing you will choose either option **11-OFFICE** or **12-HOME**.

* Place of Service:	<input type="text" value="11-OFFICE"/>	<input type="button" value="v"/>
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# 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.

Diagnosis Codes: *	1: <input type="text" value="Z710"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	5: <input type="text"/>	6: <input type="text"/>
	7: <input type="text"/>	8: <input type="text"/>	9: <input type="text"/>	10: <input type="text"/>	11: <input type="text"/>	12: <input type="text"/>

# 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

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Place of Service:	<input type="text" value="11-OFFICE"/>	<input type="button" value="v"/>
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# 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

Modifiers: 1:	<input type="text" value="U3"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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**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.

Diagnosis Pointers: \* 1:

1 ▼

2:

▼

3:

▼

4:

▼

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.

<input type="checkbox"/>	<b>Medicare Crossover Items</b>
National Drug Code: <input type="text"/>	
<input type="checkbox"/>	<b>Drug Identification</b>
<input type="checkbox"/>	<b>Prior Authorization</b>
<input type="checkbox"/>	<b>Additional Service Line Information</b>

# Line Level: Service Details

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

+ Add Service Line Item
✎ Update 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 No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
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

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/23/2020	01/23/2020	T1013	U3				1				30.00	2		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

# Submitting Claim for Processing

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

- 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.

The screenshot shows a web form titled "Claims Backup Documentation". At the top, there are "Print" and "Help" links. Below the header, a message states: "Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item." The form contains two main sections. The first section has two dropdown menus: "Attachment Type" (set to "77-Support Data for Verification") and "Transmission Code" (set to "EL-Electronically Only"), both marked with an asterisk. Below these is a "Line No:" dropdown. The second section is titled "Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS, XLSX, DOCX-". It features a "Filename:" label, a text input field, and a "Browse..." button, all enclosed in a green box. At the bottom right, there are "OK" and "Cancel" buttons. A large green arrow points down towards the "OK" button.

This will take you to the 'Submitted Professional Claim Details' screen. When you are ready to submit your claim, you will click on the 'submit' button at the bottom right of the page.

# Submitting Claim for Processing

- 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.

Submitted Professional Claim Details:

TCN: 202003800000015000  
Provider NPI: 5100000004  
Client ID: 999999998WA  
Date of Service: 01/01/2020-01/01/2020  
Total Claim Charge: \$ 10.00

Please click "Add Attachment" button, to attach the documents.

Add Attachment

Attachment List

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>	0	test.docx	77	EL		12kb	X	02/07/2020

View Page: 1
Go
+ Page Count
SaveToXLS
Viewing Page: 1
<< First
< Prev
> Next
>> Last

Print
Print Cover Page
Submit



# 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.

# Resources

## HCA Interpreter Services Program

### Contact

- [INTERPRETERSVCS@hca.wa.gov](mailto:INTERPRETERSVCS@hca.wa.gov)

### Additional Information

- [www.hca.wa.gov/isproviders](http://www.hca.wa.gov/isproviders)

➤ 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-providers-partners/apple-health-medicaid-providers/enroll-provider](http://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider)
- 1-800-562-3022 Ext 16137

### ODHH

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