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www.oregon.gov/OHA/HSD**Date:** December 31, 2020**To:** Oregon Health Plan (OHP) Providers**From:** Nathan Roberts, Traditional Programs manager
Medicaid Programs, Health Systems Division**Subject:** Add-on fee for cost of interpreter services now open for fee-for-service payment

From January 1, 2021, through June 30, 2021, the Oregon Health Authority (OHA) will pay an administrative add-on fee for interpreter services at fee-for-service (FFS) health care visits (including telehealth visits). The fee, [as approved by the Centers for Medicare & Medicaid Services](#), is payable at a rate of \$60 once per event. 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 (HCI) as described in Oregon Revised Statute (ORS) Chapter 413.

Providers remain responsible for ensuring interpreter services are provided to ensure effective communication and billing OHA for the service. Federal Medicaid requirements do not allow interpreters to enroll and bill as Medicaid providers.

The addition of this add-on fee for interpreter services at FFS health care visits does not change coordinated care organization (CCO) requirements related to reimbursement of qualified and certified HCIs for interpretation services. See Oregon Administrative Rules [410-141-3515\(12\)](#) and [410-141-3860\(12\)](#), and OHA's [May 2020 memo about requirements to ensure culturally and linguistically appropriate care for OHP members](#).

Why is this happening?

OHA is committed to ensuring that its programs and activities comply with civil rights laws such as ORS 659A.403, Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act, as established in OHA's [nondiscrimination policy and procedures for investigating reports of discrimination](#).

Providers and CCOs must ensure all services preserve meaningful access to language services at all health care visits, including telehealth visits. This change will support the costs providers incur for ensuring patient access to interpreters as required by federal and state law for limited English proficient (LEP), non-English proficient (NEP), and Deaf or hard of hearing members.

What should you do?

Please be sure to address language access needs of LEP, NEP and Deaf or hard of hearing members as outlined in [the Oregon Medicaid COVID-19 Provider Guide](#) (see pages 5-6 and 16). To bill for the add-on fee:

- Use CDT code D9990 for dental visits, and
- Use HCPCS code T1013 for other visits.

The administrative add-on rate is \$60 per date of service.

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

Questions?

If you have any questions about this announcement, contact Provider Services 800-336-6016 or email dmap.providerservices@dhsoha.state.or.us.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.