

Guidance: Fee-for-service provider 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 Oregon Health Plan (OHP), Oregon Health Authority (OHA) pays enrolled Oregon Medicaid providers a maximum \$67.35 add-on fee per member per date of service.

Requirements

Coverage criteria

OHA will only cover this fee 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: [View the list of providers not eligible to bill the add-on fee](#)); and
- The language assistance service is provided by an Oregon-credentialed (Qualified or Certified) health care interpreter, or the provider has made a “Good Faith Effort” as described in [Oregon Revised Statute \(ORS\) Chapter 413.563](#).

Documentation

Keep documentation in the medical record that indicates use of Oregon-credentialed health care interpreters from the OHA Health Care Interpreter Registry. This is required for any potential audit of services billed.

Billing

To bill for the add-on fee when billing for the covered health care visit, 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	\$67.35 maximum

How to find Oregon-credentialed health care interpreters

[OHA's Health Care Interpreter Registry](#) lists all Oregon-credentialed health care interpreters.

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

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

Frequently asked questions

Does the add-on fee apply when using in-house interpreters?

Yes, as long as they are active on the OHA Health Care Interpreter Registry and working at an eligible provider.

Is the add-on fee billable once per encounter or once per day?

It is billable once per provider, per patient, per day. If the patient and interpreter see more than one provider on the same day, the add-on fee applies to each provider visit. For example, if a patient sees their primary care provider (PCP) then gets lab work during the appointment, the PCP and lab can each bill for the add-on fee separately.

Is the add-on fee billable for visits not using an interpreter on the OHA Health Care Interpreter Registry, if the provider documents a “Good Faith Effort” to find an interpreter via the registry?

Yes. The [OHP Interpreter Services rule](#) specifies the provider is eligible to claim the add-on fee if using an Oregon-Credentialed interpreter, and specifies exceptions for when the provider has made a [“Good Faith Effort”](#) to do so.

Provider types not eligible for separate reimbursement

This list is based on the [OHP Interpreter Services rule](#):

- Inpatient hospitals: Included in the inpatient hospital DRG payment method
- Federally Qualified Health Centers: Included in the encounter rate
- Rural health clinics: Included in the encounter rate
- Tribal health centers (Indian Health Services and Tribal 638 clinics): Included in the encounter rate
- Long-term care facilities: Included in the per diem rate
- Non-emergency medical transportation providers: Transporting a patient does not include interpreter service reimbursement
- Home health agencies: Reimbursement based on Medicare cost report
- Certified Community Behavioral Health Clinics: Included in the encounter rate
- Residential treatment facilities and residential treatment homes as defined in ORS 443.400: Included in the per diem rate
- OHA licensed mental health adult foster homes as defined in ORS 443.705: included in the per diem rate
- Hospice agencies

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