Part B Insider (Multispecialty) Coding Alert

Patient Access: Dispel 3 Common Myths to Properly Provide Interpreter Services

Passing the cost on to the patient is considered taboo.

Your practice likely serves many types of patients, including those with limited abilities to communicate. If a patient requires interpretation services, it can sometimes throw your back office staff into a tizzy because of the complicated rules and confusion about those rules. Dispel three common interpreter services myths and read advice from experts to set your practice up for success when providing these important services.

Myth #1: You Don't Have to Provide an Interpreter

When a patient is unable to communicate with your providers because of a disability, such as hearing loss, or because she doesn't speak English, your practice must provider an interpreter. Physicians are required to comply with the 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; and all other applicable federal and state laws that prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, handicap/disability, or religious beliefs.

These laws require that your practice provide "equal care to all patients regardless of whether or not they can communicate with their healthcare provider," explains **Leslie Johnson, CPC, CSFAC**, chief coding officer at PRN Advisors in Palm Coast, Fla.

The catch: Even though you are required to provide interpreter services, Medicare and may other payers do not separately reimburse interpretive services. They usually consider interpretive services incidental to the rendered service, such as an office visit. That means your practice will incur additional expense for a service that requires an interpreter.

Code T1013 (Sign language or oral interpretive services, per 15 minutes) is not valid for Medicare, according to the Medicare Physician Fee Schedule, which assigns the code status I (Not valid for Medicare purposes). The majority of payers designate T1013 for use only by contracted non-medical vendors; however, some payers may let you bill this code.

"For example, NY State Medicaid has allowed reimbursement using T1013 for interpretive services since 2012," Johnson says. Your provider's documentation should show the reason for why the patient is unable to communicate and well as the time spent with the patient, she adds.

Good news: Some payers, such as Medicaid in some states, may pay for the interpreter's services. You should check with your individual payers to see what their policy is.

Bottom line: Check your payers' policies. Verify in writing how you should bill for an interpreter's services with each of your individual payers before coding.

Myth #2: You Can Bill the Patient for the Interpreter Costs

Even though you may not be able to bill the insurance company, you cannot pass your practice's costs for providing an interpreter on to the patient. "The wording of the law specifies that the cost is not to be passed onto the patient," explains **Steven M. Verno, CMBSI, CHCSI, CMSCS, CEMCS, CPM-MCS, CHM**, a coding, billing, and practice management consultant in Central Florida. "The prohibition on passing the cost of an interpreter can be found in Federal law 28 CFR 36.301(c)."

Pointer: To help alleviate some of the costs of providing an interpreter, you can reduce the need to bring in an outside person. In other words, if you know your practice sees several deaf patients, perhaps you should consider sending an employee for sign language training or hiring an employee that already has this skill. "As an example, a practice in South Florida may hire an employee who speaks and reads English and Spanish or English and Creole or an employee that is also certified in sign language for a deaf patient," Verno adds.

Keep in mind: If you decide to try to task someone internally with fulfilling your interpreter needs, make sure you meet all the requirements. "If you read the ADA carefully, certain requirements for interpreters must be met," Johnson warns. "Simply having a person in the office who speaks the language may not be enough ... When in doubt, speak to a qualified healthcare attorney to find out your state law's requirements, any exceptions, and what the interpreter guidelines are."

Myth #3: You Can't Bill for Extra Time Interpretation Takes

If your provider spends extra time with a patient because the interpretive services extend the visit, you may be able to seek reimbursement for that extra time.

You may be able to use a prolonged service code in this situation if the time thresholds for billing both E/M services and the prolonged services code have been met. Documentation must also establish the medical necessity for the service.

The Vermont Medical Society offers this tip on an FAQ on its Web site: "The only way to account for this extra time is to submit one of the prolonged services codes (99354-99355), which requires that the face-to-face time spent with the patient extend at least 30 minutes beyond the typical time associated with the appropriate CPT® services."

Example: A level-four office visit with an established patient took 55 minutes of physician-patient face-to-face time due to the service involving an interpreter, which the patient and family required to converse with the family physician. You can report a prolonged service code in this situation because the time requirements for both 99214 (25 minutes) (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. . . . Typically, 25 minutes are spent face-to-face with the patient and/or family) and 99354 (30 minutes more than 99214) (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour ...) were met.

Pointer: If you're concerned that a payer will consider an interpreter insufficient cause to bill prolonged services, review one Medicare contractor's policy to appeal for coverage from your third party payers. Palmetto GBA states, that in the case of an interpreter causing a service to take longer than usual, "the medical necessity for the prolonged care was valid because of the patient's inability to communicate," in a frequently asked questions section of its website (http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/8EELPL7511?open).