

PerformCARE®		Policy and Procedure
Name of Policy:	Interpreter Costs in Service Delivery	
Policy Number:	PR-027	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	None	
Applies to:	Providers	
Original Effective Date:	09/22/10	
Last Revision Date:	02/26/25	
Last Review Date:	02/26/25	
OMHSAS Approval Date:	04/19/24	
Next Review Date:	02/01/26	

Policy: It is expected that every Provider will continually strive to meet the needs of the community it serves. Every network Provider must have policies and procedures in place to assist Members who are non-English speaking, deaf, or hard of hearing.

Per OMHSAS policy clarification 3-96-268, 11-97-185, and OMAP 99-25-01 included as an attachment, it is the responsibility of Providers within the network to accommodate the specialized needs of these HealthChoices Members, which may include the use of an interpreter. Interpreter services are not health care services and therefore not covered under HealthChoices. However, PerformCare is permitted to share the cost of the interpreter through establishment of a separate rate for services provided with such assistance.

PerformCare recognizes that there are additional costs incurred to appropriately serve deaf, hard of hearing and non-English speaking Members. As a result, PerformCare will participate in the additional cost related to delivery of services as indicated below.

Purpose: To establish guidelines for contribution to the cost of interpreter services in service delivery.

Definitions: None

Acronyms: None

Procedure:

1. A Provider is eligible for reimbursement at a higher rate for the use of an interpreter, if the following conditions are satisfied:
 - 1.1. The member must be deaf, hard of hearing or non-English speaking.

- 1.2. Or a family member of significance participates in the Members' clinical session and the family member is deaf, hard of hearing or speaks very little or no English and designates English as their second language.
2. The interpreter services must be purchased from a professional agency or sole practitioner whose business is primarily providing such services.
3. Outpatient Fee schedule Services:
 - 3.1. For all outpatient services listed and paid based on the County specific fee schedule, PerformCare will participate in the additional cost related to the purchase of interpreter services as indicated on the fee schedule (*denoted by the U4 Modifier or 90785 Interactive Complexity Add-On Code*).
 - 3.2. Outpatient service Providers are expected to have a procedure in place for accepting requests from Members who are deaf, hard of hearing or speak very little or no English.
4. Ambulatory service fee schedules include the U4 interpreter modifier and associated payment rate.
5. Services with Negotiated Rates (includes residential, program exception services and inpatient services such as Mental Health and Substance Use Inpatient and Residential):
 - 5.1. It is expected that Providers develop fixed agreements with an interpreter service to ensure the service is readily available when needed. The Providers' negotiated rate is inclusive of 24/7 access to interpreter services.
6. It is not acceptable to deny, delay or exclude service to a Member with a special communication need. Auxiliary aids and services must be available at no additional cost to the Member or to PerformCare.
7. Provider documentation responsibilities:
 - 7.1. The Provider will clearly justify in the Member record the need for interpreter and subsequent special reimbursement rate. Each encounter should be documented in the Member record. Documentation must contain indication that an interpreter was present during the session. PerformCare reserves the right to review provider documentation to substantiate such requests. If Provider documentation does not justify the need for additional reimbursement based on language barriers, future claims payments may be adjusted to recapture additional expenditures, per the Provider Agreement.
8. Claims Submission:
 - 8.1. The Provider will bill at the higher rate only for periods of time when an interpreter is present in the clinical session. If the interpreter is not present in a session, the Provider will bill at the normal rate for that service.

Related Policies: *CM-MS-006 Serving Members with Special Needs*

Related Reports: None

Source Documents

and References: *OMHSAS Policy clarification 3-96-268 & 11-97-185*
OMAP Bulletin 99-25-01
Provider Info AD03-011, Administrative Update Services for Deaf and
Hard of Hearing
Provider Manual

Superseded Policies

and/or Procedures: None

Attachments: None

Approved by:

A handwritten signature in blue ink, reading "David E. Eichenlaub", is positioned above a horizontal line.

Primary Stakeholder