## **MVP** FASTFAX News for West Region – Rochester/Buffalo Providers

## **Inpatient Interpreter Services**

In accordance with Title 10 NYCRR, Part 86-1.45 and the approval of the State Plan Amendment (SPA) 12-028 by CMS, MVP will now reimburse for these language assistance services provided in the hospital inpatient setting for Medicaid members pursuant to the facility's contractual agreement. In order for these services to qualify for reimbursement, the following conditions must be met:

- Services must be provided by either a dedicated hospital employee or a third party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing.
- The need for this service must be documented in the medical record. •
- The services must be rendered in conjunction with an inpatient stay approved by MVP. •

## **Billing Instructions:**

Language Assistant services must be billed on a separate UB-04 claim (Outpatient), after the patient is discharged and must include the Healthcare Common Procedure Coding System (HCPCS) procedure code T1013 (sign language and oral interpretation) in addition to the units of service. MVP will reimburse up to a maximum of two billable units of service per patient per day. The first unit of service is defined as the first 22 minutes of an encounter, and the second unit is defined as any minutes of an encounter beyond 22 minutes.

**Questions? Please contact the Customer Care Center for Provider** Services. Representatives are available weekdays from 8:30 a.m. - 5:00 p.m. Eastern Time at 1-800-684-9286.

