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This document supplements and is a part of the Interpreter Vendor Participation Agreement between an interpreter agency and Medica Health Plans (“Medica”). It should be read in addition to the Interpreter Vendor Participation Agreement and the Administrative Requirements, which can be found on www.medica.com, including without limitation the Provider Requirements for Medicare, Medicaid and Government Programs. This document provides additional information related to the expectations and processes for interpreter services provided to a Medica state public program member (“Medica member”) including:

- Access to Interpreter Services
- Interpreter Requirements
- Interpreter Appointment Requirements
- Interpreter Agency Requirements
- Reimbursement
- Claim Processing Guidelines
- Completing the CMS – 1500/837 P for Interpreter Services
- Contacting Medica

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Medica provides oral interpreter services for non-English speaking Medica members and sign language interpreter services for hearing impaired Medica members with active Medica coverage. Medica members have coverage for interpreter services provided in the course of receiving other services eligible for coverage under their benefit plan and in locations allowed by Medica. Medica state public program products eligible for interpreter services are:

- Medica AccessAbility Solution® (SNBC)
- Medica Choice CareSM (MA)
- Medica Choice Care MSC+ (MSC+)
- Medica DUAL Solution® (MSHO)
- Medica MinnesotaCare (MinnesotaCare)

Eligible Medica members may make arrangements for interpreter services by either contacting Medica Customer Service at the number listed on the back of their Medica ID card, or directly with a contracted interpreter agency.

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Criminal Background Check

Refer to Section 3.10 of the Interpreter Vendor Participation Agreement for criminal background check requirements.

In addition to performing criminal background checks, interpreter agencies must check monthly, and upon hiring or contracting with a new interpreter, the Office of Inspector General Exclusion listing (“OIG”) and System for Award Management (“SAM”) to verify that such interpreters: (i) are not debarred, suspended or otherwise excluded from participation in any federally funded government program; (ii) have not been convicted of a criminal offense related to that person’s or entity’s involvement in any federally funded government program; and (iii) have not been sanctioned by the OIG. Interpreter agencies must provide results of these checks upon Medica’s request. An interpreter who appears on the OIG or SAM list is prohibited from providing interpreter services to Medica members. Failure to complete all three verifications will result in nonpayment for services rendered to Medica members.

Professional Standards for Interpreters

Quality and ethical interpreting requires adherence to commonly accepted ethical standards as described on the Minnesota Department of Health (MDH) website. Interpreters must be registered with MDH. Click here to review the codes of ethics on the MDH website to which Medica requires adherence as a contracted interpreter.

Immunizations and Testing

The interpreter agency and interpreters must comply with immunization and tuberculosis (TB) testing standards. Health care organizations are required to ensure compliance with national standards with regard to immunizations, verification of immune status, and tuberculosis testing among all health care workers. These standards have been established by the Centers for Disease Control and Prevention (CDC). For tuberculosis testing, the interpreter agency and interpreter must comply with the Minnesota Department of Health’s regulations for TB control in health care settings. The interpreter agency will provide documentation certifying interpreters have no active tuberculosis infection and are immune to hepatitis B, measles (rubeola), rubella (German measles), and varicella (chicken pox) upon Medica’s request.
The interpreter is required to:

1. Make appointment reminder calls to Medica members one business day prior to appointments.

2. Wear identification badges at all times while on health care facility premises and providing interpreter services to Medica members. See Agency Requirements for details of the badge.

3. Arrive for the appointment a minimum of 10 minutes prior to the scheduled time. The interpreter is required to remain at the provider 30 minutes past his or her arrival time to ensure availability if the Medica member or physician arrives late for the appointment.
   a. The interpreter may only depart prior to the 30 minute mandatory wait time if the provider determines that the appointment was cancelled and the Medica member has been notified. A work order must be completed, the wait time documented and verified by the provider indicating the appointment was cancelled and that the interpreter was dismissed. This is billed as no-show. See Reimbursement for other no-show scenarios.
   b. If an interpreter is at the provider for a sequence of multiple appointments with different Medica members, whether or not they are related and, one or more of those Medica members fails to be present for his or her appointment, the interpreter cannot bill a no-show for the missed appointments.

4. Arrive for appointments with the following information:
   a. Medica member name
   b. Appointment location
   c. Appointment date
   d. Appointment time
   e. Estimated duration of visit
   f. Language required
5. Be available for the duration of the appointment and accompany the Medica member, if needed as part of the scheduled appointment, to pick up prescriptions from the on-site pharmacy or complete lab work in the on-site lab where the appointment took place. Appointment time should be extended to reflect the total time spent providing interpreter services.

6. Not use his or her cellular phone or other electronic devices to conduct personal business and other business that is not directly related to the appointment for which the interpreter is interpreting.

7. Complete the fields in the work order that were not typed and completed by the interpreter agency.
The interpreter agency must:

1. Provide and require the use of identification badges that include:
   a. A picture of the interpreter
   b. The name of the interpreter agency
   c. The full name of the interpreter
   d. Clear identification the interpreter is a medical interpreter

   The agency must inform interpreters that they must wear their badges in a visible manner at all times while on health care facility premises and providing interpreter services to Medica members.

2. Verify eligibility of Medica members prior to the appointment.

3. Provide gender specific interpreters if requested by either the Medica member or provider.

4. Inform interpreters that direct solicitation of interpreter services to Medica members or to any Minnesota Health Care Programs recipient is strictly prohibited. The agency is responsible for enforcing this policy.

5. Have provisions or policies to ensure that individual interpreters are billing services under the interpreting agency originally contacted to perform the service.

6. Monitor and assess the quality of interpreter performance. The agency agrees that if there are performance issues with specific interpreters the agency is required to implement a corrective action plan or disciplinary action. In addition, Medica or the provider reserves the right to deny future assignments to that interpreter. Examples of possible performance issues include, but are not limited to:
   a. Late arrival to appointments without a valid reason or notice
   b. Missing an appointment without a valid reason or notice
   c. Lack of English proficiency or target language fluency
d. Leaving the appointment prior to completion of the assignment without the agreement or permission of provider staff

e. Failure to wear a photo ID badge in a visible manner or to provide identification to provider staff when requested

f. Soliciting business from provider clients or provider staff

g. Fraudulent documentation

7. Supply the Medica work order template to the interpreter prior to the appointment with all fields typed except for (arrival time, departure time, interpreter signature, provider staff name, provider staff signature) which are completed by hand.

Incomplete or illegible work orders will not be reimbursed. The work order must be signed by the provider staff at the time of the service, upon completion of the appointment before moving on to any subsequent appointment. Any corrections must be initialed by the interpreter and a member of the provider’s staff. Interpreter is not allowed to return to the provider at a later time or date in order to have the work order signed.

The interpreter agency is responsible to review each work order for accuracy. The interpreter agency must review the corrections and sign the work order for verification acknowledging that the corrections are valid.

Exceptions to the Medica work order template requirement are:

a. When an interpreter agency gets written consent from Medica to use an alternately formatted work order.

b. When a health care facility refuses to use a non-proprietary work order.

c. When providing services in an urgent or emergent medical situation where it is not possible to complete a work order in advance.

Note: these exceptions do not release an interpreter agency from the requirement of gathering and retaining the details in the Medica work order template for auditing purposes by Medica.

8. Record and maintain at all times a written record of all interpreter services in accordance with the requirements under the Health Insurance Portability and Accountability Act of 1996 and the privacy
security regulations promulgated thereunder, as amended ("HIPAA"). These records must be kept a minimum of 10 years from the date of termination or expiration of the Interpreter Vendor Participation Agreement or final audit, whichever is later, or longer in certain circumstances as required by law. The interpreter agency must provide written records related to interpreter services to Medica upon request.

9. Give a minimum of 48 hours advance notice to the requesting party if an interpreter request cannot be filled for a future scheduled appointment.

10. Submit a monthly report to Medica on the 15th of each month for the previous month’s appointments. The report consists of two parts:

   a. A complete interpreter roster, and
   
   b. A list of all interpreter appointments

Any claimed appointment not listed on the monthly report will have the payment reversed.

The template that is required to be used for this report will be available on medica.com.

11. Prohibit the use of the Medica name or logo in any marketing efforts without express written consent from Medica.

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This section provides details on what interpreter services are eligible for reimbursement by Medica and those that are ineligible for reimbursement.

**Medica will reimburse for oral and sign language interpreter services limited to the following:**

1. When offered in conjunction with a covered medical service as outlined in the Evidence of Coverage (EOC) under a Medica member’s benefit plan available on medica.com. Click on the links below to view benefit plan EOCs.

   - [Medica AccessAbility Solution](#) (SNBC)
   - [Medica Choice Care](#) (MA)
   - [Medica Choice Care MSC+](#) (MSC+)
   - [Medica DUAL Solution](#) (MSHO)
   - [Medica MinnesotaCare](#) (MinnesotaCare)

2. At the following locations:
   a. Medical provider
   b. Dental provider
   c. Medica member’s home
   d. Long term care facility when:
      i. A participating physician is conducting medical visits
      ii. During physical therapy
      iii. During occupational therapy
   e. Optical facilities
   f. Sleep study facilities
g. Ambulatory surgical facilities

h. Pharmacies

i. Telephonically when the Medica member and medical professional are present

3. Interpreters will be compensated for a minimum of 1 hour (4 units) per appointment or for the actual time spent if the appointment exceeds 1 hour except as follows:

a. Optical appointments may only be billed for the time spent interpreting.

b. Pharmacy appointments that are not conducted as part of a scheduled medical appointment as described in the Interpreter Appointment Requirements section may only be billed for time spent interpreting.

c. Services provided to Medica members of the same family who have appointments at the same time or immediately following each other at the same facility will constitute only one visit.

d. Interpreter services provided by the same interpreter to multiple Medica members or the same Medica member with multiple appointments at the same facility on the same date of service will be billed as follows:

   (i) The first appointment may be billed at a one hour minimum and all subsequent appointments must be billed on a per unit basis.

   (ii) If the same interpreter returns to the same facility on the same date of service there must be a minimum gap of three hours from the end of the last appointment at that location to bill a one hour minimum instead of a per unit rate.

   For example, an interpreter has three appointments at the same clinic that take place between 10:00 and 10:45 AM and then returns to the same clinic at 1:45 PM for another appointment. The appointment at 1:45 PM would be billed at the one hour minimum.

e. The interpreter will be reimbursed a no-show amount of two units for a Medica member that fails to keep an appointment only if the assigned interpreter has no other appointments at the scheduled location within one hour of the no-show appointment.

f. Group/Family therapy visits are reimbursable as follows:
(i) When fewer than four Medica members are present at least one unit must be billed per Medica member adding up to a total of four units (one hour) total billed for the time spent interpreting. The total number of units billed in this situation will add up to the four unit minimum.

(ii) When four or more Medica members are present only one unit per Medica member may be billed for the time spent interpreting.

Medica will not reimburse for oral language and sign language interpreter services including but not limited to the following:

1. Interpreter services provided at a long term care facility except as described above.

2. Interpreter services provided at a location that is not contracted with Medica.

3. Interpreter services provided if the Medica member is not present.

4. Interpreter services provided if a health care professional is not present.

5. Time spent scheduling appointments by phone or making appointment reminder calls to Medica members.

6. Interpreter services provided in an inpatient or emergency room setting in a hospital.

7. Interpreter services provided when the Medica member is under anesthesia.

8. Interpreter services provided to an interpreter’s family member (family members are defined as the interpreter’s parents, spouse, domestic partner, children, grandparents, sibling, or in-law relationships).

9. Interpreter services provided if the primary caregiver and/or other provider staff speak the Medica member’s language.

   Note: Some providers contracted with Medica employ in-house interpreters for interpreter services provided to Medica members. These contracted providers have priority for providing interpreter services through their employees at their specific sites. Agency interpreters will not get reimbursed if the provider has employed in-house interpreters.

10. Interpreter services provided for worker’s compensation or auto injury-related services.
11. Interpreter services where Medica members, whether related or not, have a sequence of appointments immediately following each other at the same facility, and one or more of those Medica members fails to be present for his or her appointment. The interpreter cannot bill a no-show for the missed appointments under this circumstance.

12. Interpreter services related to miscellaneous expenses:
   a. Interpreter mileage
   b. Other transportation costs
   c. Parking fees
   d. Meals
   e. Wait time beyond the mandatory minimum

13. Interpreter services if the interpreter no-shows or cancels the appointment.

14. Interpreter services if the interpreter leaves the appointment prior to the end of the appointment, unless specifically released by the provider staff.

15. Interpreter services that are rendered in a manner inconsistent with the Professional Standards for Interpreters described at the beginning of this manual or any services that are not consistent with the Interpreter Vendor Participation Agreement.

16. Excluded interpreter services listed in the Interpreter Vendor Participation Agreement.

Note: Transportation charges, including the trip time, will not be reimbursed by Medica if an interpreter transports a Medica member to a provider and is reimbursed for interpreter services.
1. Interpreter agencies must have a current Interpreter Vendor Participation Agreement with Medica to obtain reimbursement for interpreter services that are provided to Medica members.

2. Medica uses the Minnesota Health Care Programs (MCHP) billing code T1013. Each billable unit equals 15 minutes of time.

3. The following modifiers may be needed on the claim to provide additional details required to be processed.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>22</td>
<td>Used for services in excess of five hours</td>
</tr>
<tr>
<td>52</td>
<td>No-show</td>
</tr>
<tr>
<td>77</td>
<td>Second appointment of the day for the same Medica member</td>
</tr>
<tr>
<td>TS</td>
<td>Three or more services rendered in one day to the same Medica member</td>
</tr>
<tr>
<td>SC</td>
<td>Telephonic interpreter services</td>
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SC - interpreter services in conjunction with provision of medical services via telephone in 15 minute increments. There are only selected circumstances in which telephonic interpreter services would be covered by Medica as detailed in the Reimbursement section.

4. Medica requires that a work order be attached to any claims 21 units or greater. For claims 20 units or fewer work orders must be completed and retained by the interpreter agency on all appointments for audit upon request by Medica. Failure to produce completed work orders upon request will result in reversal of payment for any associated claims that do not have a completed work order.

5. Interpreter agencies have 180 days from the date of service to bill Medica. Claims received after this time period will be rejected for payment.

6. All interpreter claims are subject to pre and post payment audits which require the cooperation of the interpreter agency.
Completing the CMS - 1500/837 P for Interpreter Services

Interpreter agencies must submit the CMS 1500 form or the 837P transaction for reimbursement of interpreter services rendered to Medica members. The CMS 1500 form is the paper version of a claim form, and the 837P is the electronic version of a claim form. Claims must be filled out following the nationally accepted standard. The table below indicates some specific data requirements for submitting claims to Medica on the 837P that must be followed for a claim to process. They are:

*The table below indicates Medica specific claims data requirements*

<table>
<thead>
<tr>
<th>Loop</th>
<th>Medica specific requirements</th>
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<tr>
<td>2310C</td>
<td>The service address of the appointment</td>
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If this data element is incomplete the claim will deny.

More information about the CMS 1500 and 837P can be found on the [National Uniform Claim Committee (NUCC)](http://www.nucc.org) website.

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Contacting Medica

If you would like to contact Medica regarding the Interpreter Vendor Participation Agreement, this operations manual, or claims/reimbursement, email inquiries to:

InterpreterQuestions@Medica.com