



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 848

November 3, 2009

TO: Iowa Medicaid Dentists

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Dental Claims for Translation – Interpretation Services

EFFECTIVE: November 3, 2009

Informational Letter 811 issued June 24, 2009 instructed the use of billing code T1013 for sign language or oral interpretive services and W5023 for telephone oral interpretive services. In order to comply more fully with HIPAA uniform billing requirements, **effective immediately W5023 may not be used and will not be accepted.**

Medicaid dental claims for translation or interpretation services should be billed as follows.

Use the 2006 ADA paper dental claim form. (The electronic dental claim format will only accommodate billing codes beginning with “D”.)

Sign language or oral interpretive services:

- Indicate the date the sign language or oral interpretation service was provided in Box 24.
- Bill T1013 in Box 29.
- Describe whether sign language or oral interpretation was provided in Box 30.
- Also in Box 30, include the number of 15 minute units provided. One unit of T1013 sign language or oral interpretation services = one 15 minute unit. The number of units should be in parentheses. For example, one 15 minute unit of sign language would be indicated as: Sign language (1).
- Indicate your usual charge in Box 31 for the fee. Do not list the Medicaid reimbursement amount unless that is also your usual charge.

Telephone translation services:

- Indicate the date the telephone translation service was provided in Box 24.
- Bill T1013 in Box 29.
- List “UC” as the description in Box 30. “UC” has been established by the IME to mean translation provided over the telephone.
- Also in Box 30, include the number of one minute units provided. One unit of telephone translation = one minute. For example, fifteen minutes of telephone translation would be indicated as: Telephone (15).
- Indicate your usual charge in Box 31 for the fee. Do not list the Medicaid reimbursement amount unless that is also your usual charge.

Do not bill translation or interpretation services unless other dental procedures are provided and billed on the same date and are included on the same claim form.

The initial dental claim will deny reimbursement for T1013. The CDT codes billed on the claim will be reimbursed as appropriate. On a weekly basis, the IME will identify all dental claims where T1013 was billed correctly and reimbursement for T1013 was denied. The IME will then create a gross adjustment to allow the reimbursement to the provider for T1013. Dental providers should look for reimbursement for T1013 as a gross adjustment on a subsequent remittance advice. Assuming T1013 was correctly billed in accordance with the instructions above; no further action from the provider is required.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us