



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-412
Employees' Manual, Title 8
Medicaid Appendix

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PUBLIC HEALTH AGENCY MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***PUBLIC HEALTH AGENCY MANUAL***, Chapter III, ***Provider-Specific Policies***, pages 2 and 4, revised.

Summary

The ***PUBLIC HEALTH AGENCY MANUAL*** is revised to:

- ◆ Clarify the language for billing interpretive services.
- ◆ Update links due to the Department's new website.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the ***PUBLIC HEALTH AGENCY MANUAL***, which includes the following:

<u>Page</u>	<u>Date</u>
Chapter III 2, 4	December 26, 2013

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/PublicHlth.pdf>.

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Providers may only bill for these services if offered in conjunction with an otherwise Medicaid-covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.

a. Documentation of the Service

The billing provider must document in the member's record the:

- ◆ Interpreter's name or company,
- ◆ Date and time of the interpretation,
- ◆ Service duration (time in and time out), and
- ◆ The cost of providing the service.

b. Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 IAC Chapter 361. Oral interpreters should be guided by the standards developed by the [National Council on Interpreting in Health Care](#).

Following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:

- ◆ Bill code T1013
 - For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
 - The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- ◆ For the per minute telephonic unit enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is **NOT** used and the units exceed 24 will be paid at 24 units.



Important Information Regarding ICD-10

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

Iowa uses the HCFA Common Procedure Coding System (HCPCS). Claims submitted without a procedure code and the appropriate ICD-9-CM or ICD-10-CM diagnosis code will be denied.

The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Public Health Agencies are billed on federal form CMS-1500, *Health Insurance Claim Form*.

To view a sample of the CMS-1500, click [here](#).

To view billing instructions for the CMS-1500, click [here](#).

Refer to Chapter IV. *Billing Iowa Medicaid* for:

- ◆ Claim form instructions,
- ◆ All billing procedures, and
- ◆ A guide to reading your Iowa Medicaid Remittance Advice statement.

The Billing Iowa Medicaid manual can be located online at:

<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>