

Internal Medicine Coding Alert

Reader Questions: Medicare Considers Interpreter Service 'Incidental'

Question: Which diagnosis code should I use with T1013 for using an interpreter with a Medicare patient?

Arizona Subscriber

Answer: Medicare and most other payers do not separately reimburse interpretive services.

Physicians are required to comply with the 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; and all other applicable federal and state laws that prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, handicap/disability or religious beliefs.

So Medicare and private payers usually consider interpretive services "incidental" to the rendered service, such as an office visit (99201-99215). Code T1013 (Sign language or oral interpreter services, per 15 minutes) is not valid for Medicare, according to the 2008 Medicare Physician Fee Schedule, which assigns the code status I (Not valid for Medicare purposes). The majority of payers designate T1013 for use only by contracted non-medical vendors.

Recommendation: Verify in writing how you should bill for an interpreter's services with each of your individual payers before coding. You may need to contact a payer representative or check your individual policy to find this information. Remember, some of the payers won't allow coding for the service, though some might.

Alternative: Medicare and other payers may pay for extra time associated with using a translator. Check with your individual payer to see if this might be a coding option for interpreter services.

-- Answers to You Be the Coder and Reader Questions were reviewed by **Bruce Rappoport, MD, CPC, CHCC**, a board-certified internist and medical director of Broward Health's Best Choice Plus and Total Claims Administration in Fort Lauderdale, Fla.