

**Payment Policies for Healthcare Services
 Provided to Injured Workers and Crime Victims**

Chapter 14: Interpretive Services

Effective July 1, 2019



Link: Look for possible **updates and corrections** to these payment policies at:

www.Lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/



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Definitions

- ▶ **Certified interpreter:** Interpreter who hold active, up-to-date credentials in good standing (not revoked) from one or more of the following:

If the agency or organization is...	Then the credential is a:
Washington State Department of Social and Health Services (DSHS)	Social or Medical Certificate
Washington State Administrative Office for the Courts (AOC)	Certificate
RID-NAD National Interpreter Certification (NIC)	<ul style="list-style-type: none"> • Certified Advanced (Level 2), <i>or</i> • Certified Expert (Level 3)
Registry of Interpreters for the Deaf (RID)	<ul style="list-style-type: none"> • Comprehensive Skills Certificate (CSC), <i>or</i> • Master Comprehensive Skills Certificate (MSC), <i>or</i> • Certified Deaf Interpreter (CID), <i>or</i> • Specialist Certificate: Legal (SC:L), <i>or</i> • Certificate of Interpretation and Certificate of Transliteration (CI/CT)
National Association for the Deaf (NAD)	Level 4 or Level 5
National Board of Certification for Medical Interpreter	Certified Medical Interpreter (CMI)
Certification Commission for Healthcare Interpreters (CCHI)	Certified Healthcare Interpreter
Federal Court Interpreter Certification Test (FCICE)	Certificate
US State Department Office of Language Services	Verification letter or Certificate

- ▶ **Certified translator:** Translator who holds credentials in good standing from one or more of the following:

If the agency or organization is...	Then the credential is a:
DSHS	Translator Certificate
American Translators Association	Certificate

- ▶ **Client:** A worker, an individual, or a group of people that uses the professional services of an interpreter.
- ▶ **Family members:** For the purposes of the interpreter payment policy, **family members** are persons related to each other either biologically or legally. **Family members** may provide interpretive services at the healthcare provider's discretion, but can't submit for reimbursement. **Family members** include but aren't limited to:
- Spouse, *or*
 - Registered domestic partner, *or*
 - Parents, *or*
 - Grandparents, *or*
 - Children, *or*
 - Grandchildren, *or*
 - Brothers, *or*
 - Sisters, *or*
 - Mother-in-law, *or*
 - Father-in-law, *or*
 - Brothers-in-law, *or*
 - Sisters-in-law, *or*
 - Daughters-in-law, *or*
 - Sons-in-law, *or*
 - Uncles, *or*
 - Aunts, *or*
 - Cousins, *or*

- Nieces, *or*
 - Nephews, *or*
 - Adopted members, *or*
 - Half members, *or*
 - Step members.
- ▶ **Independent medical examination (IME):** An objective medical legal examination requested (by the department or self-insurer) to establish medical facts about a worker’s physical condition. Only department-approved examiners may conduct these exams.



Link: For more information, see: [WAC 296-23-302](#).

- ▶ **Qualified interpreter:** Interpreter who holds, active, up-to-date credentials in good standing from one or more of the following:

If the agency or organization is...	Then the credential is a:
Washington State Department of Social and Health Services (DSHS)	Letter of authorization as a qualified social and/or medical services interpreter
Federal Court Interpreter Certification Examination (FCICE)	Letter of designation or authorization

- ▶ **Qualified translator:** Translator who holds, active, up-to-date credentials in good standing from one or more of the following:

If the agency or organization is...	Then the credential is a:
<ul style="list-style-type: none"> • A state or federal agency, • A state or federal court system, • Other organization including language agencies, <i>and/or</i> • An accredited academic institution of higher education. 	Certificate or other verification showing: <ul style="list-style-type: none"> • Successful completion of an examination or test of written language fluency in both English and in the other tested language(s), <i>and</i> • A minimum of 2 years’ experience in document translation.

- ▶ **Wait time:** The time period between the scheduled start time and the actual start time of an appointment. No other covered services are performed during this time.



Payment policy: All interpretive services

▶ What are interpretive services?

Workers or crime victims who have limited English proficiency or sensory impairments may need interpretive services to effectively communicate with providers.

For example, when a procedure requires informed consent, a credentialed interpreter should help the provider explain the information.

The Department of Social and Health Services [WAC 388-03-050](#) is the insurer's reference for interpreter expectations. For additional standards and requirements, see policy below (Standards and responsibilities for interpretive services provider conduct).

▶ Healthcare and vocational services provider responsibilities

Healthcare and vocational services providers will note in their records that an interpreter was used at the appointment.

▶ Whom does this policy apply to?

This policy **applies to** interpretive services provided:

- For healthcare, independent medical examinations (IMEs), and vocational services,
- In all geographic locations,
- To workers and crime victims having limited English proficiency or sensory impairment, and receiving benefits from:
 - The State Fund, *or*
 - Self-insured employers, *or*
 - The Crime Victims Compensation Program.

This policy **doesn't apply to**:

- Document translation unless requested or authorized by the insurer, *and*
- Interpreters who have had their certification revoked by a certifying authority, *and*
- Interpretive services for workers or crime victims for legal purposes, including but not limited to:
 - Attorney appointments, *or*

- Legal conferences, *or*
- Testimony at the Board of Industrial Insurance Appeals or any court, *or*
- Depositions at any level.



Note: In these circumstances, payment is the responsibility of the attorney or other requesting party. Don't bill L&I or the self-insured employer for these services.

▶ **Who chooses both the interpretive services provider and when the services are needed**

Under the [Civil Rights Act of 1964](#), the healthcare or vocational provider will determine whether effective communication is occurring.

If **assistance is needed**, the healthcare or vocational provider:

- Selects an interpreter to facilitate communication, *and*

Determines if an interpreter (whether paid or unpaid) accompanying the worker meets the communication needs. If healthcare or vocational provider determines **a different**

interpreter is needed:

- The worker may be consulted in the selection process,
- Sensitivity to the worker's cultural background and gender is encouraged when selecting an interpreter, *and*
- The ultimate decision on who does the interpreting rests with healthcare or vocational provider.

Either **paid or unpaid interpreters** may assist with communications. In all cases:

- A paid interpreter must meet L&I's credentialing standards (see "Standards and responsibilities for interpretive services provider conduct" listed later in this "Payment policy" section), *and*
- Persons identified as ineligible to provide services in this policy may not be used even if they are unpaid, *and*
- Persons under age 18 may not interpret for workers or crime victims.



Note: Also, see other payment policy sections in this chapter related to eligible and ineligible interpretive services providers, including content under these titles:

- Requirements for credentials,

- Who must perform these services to qualify for payment,
- Who can't perform these services, *and*
- Who can perform these services but won't be paid.



Link: Additional information on provider arranged services: [Interpreter Services](#).

▶ Interpreter Lookup Service (ILS)

Face-to-face interpreters with an active L&I provider account number are listed on the searchable, online ILS database, unless they request not to be included.



Link: ILS is available at: [Interpreter Lookup Service](#).

▶ Prior authorization

Required

Document translation services require prior authorization and must be requested by the insurer.

Not required

Direct interpretive services (either group or individual) and mileage don't require prior authorization on open claims.



Note: Prior to service delivery, providers and interpreters should check claim status with the insurer. Call 1-800-831-5227 for automated updates on claim status.

▶ Who must perform these services to qualify for payment

See unique requirements in other "Payment policy" sections of this chapter for:

- IME interpretive and translation services, *and*

▶ Telephone interpretive services. Who can't perform these services

See unique requirements in other "Payment policy" sections of this chapter for:

- Document translation services,
- Face to face services,

- IME interpretive and translation services, Telephone interpretive services, *and*

Interpreters who have had a certification revoked by an organization isn't considered to be in good standing. See definitions for **Certified Interpreter** in the Definitions at the beginning of this chapter.

▶ **Who can perform interpreter services but won't be paid**

Other persons on occasion may assist the worker or crime victim with language or communication limitations. These persons may include but aren't limited to:

- Family members, *or*
- Friends or acquaintances, *or*
- The healthcare or vocational provider, *or*
- Employee(s) of the healthcare or vocational provider whose primary job isn't interpretation, *or*
- Employee(s) of the healthcare or vocational provider whose primary job is interpretation but who isn't a credentialed interpreter or translator, *or*
- Interpreters/translators who don't comply with all applicable state and/or federal licensing or certification requirements, including but not limited to, business licenses as they apply to the specific provider's practice or business.

These persons (listed above) don't require provider account numbers, but also **won't be paid** for interpretive services



Note: See the definition of **Family members** in Definitions at the beginning of this chapter.

▶ **Services that are covered**

Services that may be payable are:

- The initial visit is payable. Services prior to claim allowance aren't payable. If the claim is allowed later, the insurer will determine which services rendered prior to claim allowance are payable, *and*
- Insurer requested IMEs or services related to the reopening application are payable. Only services to assist in completing the reopening application and for insurer requested IMEs are payable unless or until a decision is made. If a claim is reopened, the insurer will determine which other services are reimbursable. Bills for rejected claims are not reimbursable, except for the reopening application.

These services are covered and are reimbursable for open and allowed claims:

- Interpretive services which facilitate language communication between the worker and a healthcare or vocational provider, *and*
- Time spent waiting for an appointment that doesn't begin at time scheduled (when no other covered services are being delivered during the wait time), *and*
- Assisting the worker to complete forms required by the insurer and/or healthcare or vocational provider, *and*
- A flat fee for an insurer requested IME appointment plus mileage when the worker doesn't attend, *and*
- Translation of document(s) at the insurer's request, *and*
- Miles driven from a point of origin to a destination point and return in a privately-owned vehicle (POV).



Note: Payment is dependent upon service limits and L&I policy.

► Interpretive services fee schedule, effective July 1, 2019

Code	Description	L&I limit and authorization information	1 unit of service equals...	Maximum fee
9978M	<p>Sign Language interpretation Direct services time between worker and healthcare or vocational provider, includes wait and form completion time, per minute.</p>	<p>Limited to 480 minutes (8 hours) per day per interpreter. Doesn't require prior authorization.</p>	1 minute	\$1.85 per minute
9988M	<p>Group interpretation Direct services time between more than one client and healthcare or vocational provider, includes wait and form completion time, time divided between all clients participating in group, per minute.</p>	<p>Limited to 480 minutes (8 hours) per day per interpreter. Doesn't require prior authorization.</p>	1 minute	\$0.87 per minute
9989M	<p>Individual interpretation Direct services time between worker and healthcare or vocational provider, includes wait and form completion time, per minute.</p>	<p>Limited to 480 minutes (8 hours) per day per interpreter. Doesn't require prior authorization.</p>	1 minute	\$0.87 per minute
9986M	<p>Mileage, per mile, in a Privately Owned Vehicle (POV)</p>	<p>Mileage billed over 200 miles per claim per day will be reviewed. Doesn't require prior authorization.</p>	1 mile	State rate

Code	Description	L&I limit and authorization information	1 unit of service equals...	Maximum fee
9996M	Interpreter “IME no show” Wait time when worker doesn’t attend the insurer requested IME, flat fee.	Only 1 no show per worker per day. Payment requires prior authorization. Contact the SIE/TPA after no show occurs.	1 worker no show at IME	Flat fee \$57.28 Mileage to and from appointment will also be paid.
9997M	Document translation, at insurer request	Over \$500.00 per claim will be reviewed. Authorization will be documented on translation request packet.	1 page	By report

► Services that aren’t covered

The insurer won’t pay for the following:

- Interpretive services exceeding **480 minutes** (8 hours) per day per interpreter *and*
- Interpretation for services that aren’t covered by the insurer (see [WAC 296-20-03002](#)), *and*
- Interpretive services provided for a denied or closed claim (except services associated with the initial visit, or the visit for the worker’s application to reopen a claim, or for a worker receiving a pension with a treatment order), *and*
- No show fee for any service other than an insurer requested IME *and*
- Mileage for no shows for any service other than an insurer requested IME *and*
- Personal assistance on behalf of the worker (for example, scheduling appointments, translating correspondence or making phone calls), *and*
- Document translation requested by anyone other than the insurer, including the worker, *and*
- Interpretive services provided for communication between the worker and an attorney or lay worker representative, *and*
- Interpretive services provided for communication not related to the worker’s communications with healthcare or vocational providers, *and*

- Travel time and travel related expenses (for example, meals, parking, lodging), *and*
- Overhead costs (for example, phone calls, photocopying, and preparation of bills).

► Requirements for billing

Submitting a new bill vs. a billing adjustment for State Fund claims

When the whole bill is denied, a **new bill** must be submitted to be paid.

When part of the bill is paid, submit **an adjustment** for the services that weren't paid.



Note: If the time or mileage needs to be corrected, you should submit an adjustment for the **last paid** bill.



Link: Additional information on adjustments is available at:
www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/PayAdjust/



Link: Additional information on interpreter billing is available at:
<https://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Interpreters/interpreter>

Documentation requirements:

For paid interpreters, healthcare or vocational providers or their staff must verify services on the **Interpretive Services Appointment Record (ISAR)** ([F245-056-000](tel:206245056000)) which the interpreter will present at the end of the appointment. ISAR and mileage documentation must be submitted at the same time. Also see [Common Errors on the Interpretive Services Appointment Record \(ISAR\)](#) for assistance in completing the form.

If the appointment involves multiple claims, a separate ISAR must be submitted for each claim and the healthcare or vocational providers or their staff must verify services on each ISAR.

All services provided to a worker on the same date for the **same claim** must be billed together.



Note: If corrections to the ISAR form are necessary, see “Changes to medical records” in Chapter 2: [Information for All Providers](#) for information on how to appropriately make corrections. (See definition of **Medical records** in Definitions at the beginning of Chapter 2.)



Note: When multiple claims are involved, the billable minutes and the mileage must be prorated between the claims. The “Total Billable Minutes” and the “Total Billable Mileage” on each ISAR submitted must match the amounts billed for that claim.

Interpretive service appointment and mileage documentation must be submitted to the insurer when services are billed (**at the same time**). Fax State Fund documentation to **360-902-4567**.

Don't staple documentation to bill forms.

Send **documentation separately from bills** for State Fund or Crime Victims Compensation Program claims, and:

- **Send State Fund bills to:**

Department of Labor & Industries
PO Box 44269
Olympia, WA 98504-4269
or call **360-902-6500** or **1-800-848-0811**

For information on electronic billing for State Fund claims:

- Go to <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/>, or
- Contact the Electronic Billing Unit at:

Phone: **360-902-6511**
Fax: **360-902-6192**
Email: ebulni@lni.wa.gov

Fax documentation (mileage and ISAR) to 360-902-4567 when billing electronically.

- **Send Crime Victims Compensation Program bills to:**

Department of Labor & Industries
PO Box 44520
Olympia, WA 98504-4520
or call **360-902-5377** or **1-800-762-3716**

- **For self-insurer bills:**

To determine insurer, see the SIE/TPA list at:

www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/

or call **360-902-6901**

- ▶ **Additional requirements of hospitals and other facilities**

Hospitals, freestanding surgery and emergency centers, nursing homes, and other facilities may have additional requirements for persons providing services within the facility. For example, a facility may require all persons delivering services to have a criminal background check, even if the provider isn't a contractor or a facility employee.

The facility is responsible for notifying the interpretive services provider of their additional requirements and managing compliance with the facilities' requirements.

- ▶ **Standards and responsibilities for interpretive services provider conduct**

L&I is responsible for assuring workers and crime victims receive proper and necessary services. Interpreters who have their certification revoked by a certifying authority aren't considered to be in good standing. Interpreters are expected to adhere to the ethics requirements set forth by their certification, and follow the insurer's expectations for interpretive services, including the following:

Interpreter responsibilities regarding the worker and the healthcare or vocational provider

The interpreter must ensure that all parties understand the interpreter's role and obligations. The interpreter must:

- Inform all parties that everything said during the appointment will be interpreted and they shouldn't say anything they don't want interpreted, *and*
- Inform all parties the interpreter will respect the confidentiality of the worker, *and*
- Inform all parties the interpreter is required to remain neutral, *and*
- Disclose any relationship to any party that may influence or someone could perceive to influence the interpreter's impartiality, *and*
- Accurately and completely represent their credentials, training and experiences to all parties, *and*
- Remain impartial.

Standards for interpreter accuracy and completeness

Interpreters must:

- Always communicate the source language message in a thorough and accurate manner, *and*
- Give consideration to linguistic differences in the source and target languages and preserve the tone and spirit of the source language, *and*
- Not change, omit, or add information during the interpretation assignment, even if asked by the worker or another party, *and*
- Not filter communications, advocate, mediate, speak on behalf of any party, or in any way interfere with the right of individuals to make their own decisions.

Standards for interpreter confidentiality

The interpreter must not discuss any information about an interpretation job without specific permission from all parties or unless required by law. This includes content of the assignment, such as:

- Time or place,
- Identity of persons involved,
- Content of discussions, *and*
- Purpose of appointment.

Standards for interpreter impartiality

The interpreter must:

- Not discuss, counsel, refer, advise, or give personal opinions or reactions to any of the parties, *and*
- Turn down the assignment if he or she has a vested interest in the outcome or when any situation, factor, or belief exists that represents a real or potential conflict of interest.

Standards for interpreter competency

Interpreters must meet L&I's credentialing standards and be:

- Fluent in English, *and*
- Fluent in the worker's language, *and*
- Fluent in medical terminology in both languages, *and*
- Willing to decline assignments requiring knowledge or skills beyond their competence.

Standards for interpreter maintaining role boundaries

Interpreters must not engage in any other activities that may be thought of as a service other than interpreting, such as:

- Driving the worker to and from appointments, *or*
- Suggesting that the worker receive care from certain providers or legal representatives, *or*
- Advocating for the worker, including referring the worker to certain providers, *or*
- Requiring workers only use specific interpreters.

Prohibited conduct

In addition, interpreters can't:

- Market their services to workers or crime victims, *or*
- Arrange appointments in order to:
 - Create business of any kind, *or*
 - Fit into the interpreter's schedule including canceling and rescheduling a worker's medical appointment, *or*
- Contact the worker, *or*
- Provide transportation for the worker to and from healthcare or vocational appointments, *or*
- Require the worker to use the interpreter provider's services exclusive of other approved L&I interpreters, *or*

- Accept any compensation from workers or crime victims or anyone else other than the insurer, *or*
- Bill for someone else's services with your individual (not language agency group) provider account number.

▶ **Additional information: Tips for interpreters**

Here are some things to keep in mind when working as an interpreter on workers' compensation or crime victims' claims:

- Arrive on time, *and*
- Always provide identification to the worker and providers, *and*
- Introduce yourself to the worker and provider, *and*
- Don't sit with the worker in the waiting room unless assisting him or her with form completion, *and*
- Acknowledge language limitations when they arise and always ask for clarification, *and*
- Don't give your home (nonbusiness) telephone number to the worker or providers, *and*
- Sign up to get L&I provider news and updates at:
www.Lni.wa.gov/Main/Listservs/Provider, *and*
- Send to the insurer the completed Interpreter Services Appointment Record (ISAR) and mileage documentation as required in the Payment Policy: Face-to-face services, Requirements for billing, section of this chapter.



Payment policy: Document translation services

► Requirements for credentials

Credentials required for L&I provider account number

An Interpreter or translator must have an active L&I provider account.

To obtain an L&I interpretive services provider account number, an interpreter or translator must submit credentials using the **Submission of Provider Credentials for Interpretive Services** form ([F245-055-000](#)). Also note that:

- Credentials accepted include those listed under definitions for **Certified translator** and **Qualified translator** (see Definitions at the beginning of this chapter), *and*
- Provisional certification isn't accepted.



Note: Interpreters and translators can only be paid for services in the languages for which they have provided credentials.

Interpreters and translators located outside of Washington State must submit credentials from their:

- State Medicaid programs, *or*
- State or national court systems, *or*
- Other nationally recognized programs.

For interpretive services providers in any geographic location, credentials submitted from agencies or organizations other than those listed in the definitions may be accepted if the testing criteria can be verified as meeting the minimum standards listed in the following table.



Note: At the beginning of this chapter, see Definitions of **Certified translator** and **Qualified translator**.

Interpreter test(s) consists of, at minimum:	Document translation test(s) consists of, at minimum:
A verbal test of sight translation in both English and other tested language(s); and	A written test in English and in the other language(s) tested; or
A written test in English; and	A written test and work samples demonstrating the ability to accurately translate from one specific source language to another specific target language.
A verbal test of consecutive interpretation in both languages; and	—
For those providing services in a legal setting, a verbal test of simultaneous interpretation in both languages.	—

Maintaining credentials

Interpretive services providers are responsible for maintaining their credentials as required by the credentialing agency or organization.

If the interpretive services provider's credentials expire or are removed for any reason, the interpreter must immediately notify the insurer. Bills for any services performed after the de-certification date will be denied.

► Prior authorization

Document translation services are only paid when performed at the insurer's request.

Services will be authorized before the request packet is sent to the translators.

► Who can't perform these services

Some persons **can't provide translation services** for workers or crime victims during healthcare or vocational services delivered for their claims. These persons are:

- Persons under age 18, *and*
- The legal or lay representative (or any employee of the legal or lay representative) of the:
 - Worker, *or*
 - Crime victim, *or*
 - Employer.

▶ Services that can be billed

Document translation is an insurer requested service only. Therefore, payment for document translation will be made only if the service was requested by the insurer.

▶ Requirements for billing

Documentation for translation services must include:

- Date of service, *and*
- Description of document translated (letter, order and notice, medical records), *and*
- Total number of pages translated, *and*
- Total words translated, *and*
- Target language and source language.



Note: Also see the Interpretive services fee schedule, effective July 1, 2019 in the All Interpretive Services payment policy section, earlier in this chapter.



Payment policy: Face-to-face services

► Requirements for credentials

Credentials required for L&I provider account number

An Interpreter or translator must have an active L&I provider account.

To obtain an L&I interpretive services provider account number, an interpreter or translator must submit credentials using the **Submission of Provider Credentials for Interpretive Services** form ([F245-055-000](#)). Also note that:

- Credentials accepted include those listed under definitions for certified translator and qualified translator (see Definitions at the beginning of this chapter), *and*
- Provisional certification isn't accepted.



Note: Interpreters and translators can only be paid for services in the languages for which they have provided credentials.

Interpreters and translators located outside of Washington State must submit credentials from their:

- State Medicaid programs, *or*
- State or national court systems, *or*
- Other nationally recognized programs.

For interpretive services providers in any geographic location, credentials submitted from agencies or organizations other than those listed in the definitions may be accepted if the testing criteria can be verified as meeting the minimum standards listed in the following table.



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Interpreter test(s) consists of, at minimum:	Document translation test(s) consists of, at minimum:
A verbal test of sight translation in both English and other tested language(s); and	A written test in English and in the other language(s) tested; or
A written test in English; and	A written test and work samples demonstrating the ability to accurately translate from one specific source language to another specific target language.
A verbal test of consecutive interpretation in both languages; and	—
For those providing services in a legal setting, a verbal test of simultaneous interpretation in both languages.	—

Maintaining credentials

Interpretive services providers are responsible for maintaining their credentials as required by the credentialing agency or organization.

If the interpretive services provider’s credentials expire or are removed for any reason, the provider must immediately notify the insurer. Billing after an interpreter’s credentials expire or are removed will be denied.

Credentialed employees of healthcare and vocational providers

Credentialed employees of healthcare and vocational providers are eligible to receive payment for interpretive services under the following circumstances:

- The individual’s sole responsibility is to assist patients or clients with language or sensory limitations, *and*
- The individual is a credentialed interpreter or translator, *and*
- The individual has an L&I provider account number for interpretive services.

▶ **Who can’t perform these services**

Some persons **may not provide interpretation services** for workers or crime victims during healthcare or vocational services delivered for their claims. These persons are:

- Persons under age 18, *and*
- The legal or lay representative (or any employee of the legal or lay representative) of the:

- Worker, *or*
- Crime victim, *or*
- Employer.



Note: Workers or crime victims using children for interpretation purposes must be told that an adult (a person at least 18 years old) must provide these services.

▶ Services that can be billed

Mileage and travel

Interpretive service providers may bill for actual personally owned vehicle (POV) miles driven to perform interpretation services for an individual worker or group of clients. (Also see Requirements for billing, below.)

▶ Requirements for billing

All face-to-face interpretive services

Interpretive services providers must use the miscellaneous bill form and billing instructions.

Before payment is made:

- All **Interpretive Services Appointment Record (ISAR)** forms must be signed by the healthcare or vocational provider or the provider's staff to verify services including the need for mileage for IME no shows, *and*
- All **ISAR** forms must be in the claim file. All ISAR forms must be in the file without crossed out information, comments, or notes in margins.
- If the appointment involves multiple claims, a separate ISAR must be submitted for each claim and the healthcare or vocational providers or their staff must verify services on each ISAR.
- All services provided to a worker on the same date for the same claim must be billed together.



Note: If corrections to the ISAR form are necessary, see "Changes to medical records" in Chapter 2: [Information for All Providers for information](#) on how to appropriately make corrections. (See definition of **Medical records** in Definitions at the beginning of Chapter 2.)



Note: When multiple claims are involved, the billable minutes and the mileage must be prorated between the claims. The “Total Billable Minutes” and the “Total Billable Mileage” on each ISAR submitted must match the amounts billed for that claim.



Links: The **ISAR** form ([F245-056-000](#)) can be ordered from the warehouse. Also see [Common Errors on the Interpretive Services Appointment Record \(ISAR\)](#) for assistance in completing the form.

See more information about the **ISAR** form under Appointment documentation, - below.

To avoid bill denial (a bill that won't be paid):

- All services provided to a worker on the same date must be billed on one bill form, *and*
- POV Mileage verification and an **ISAR** form (see Links below) must be in the claim file at the same time you bill the insurer, *and*
- You must send a completed **ISAR** form, including the healthcare or vocational provider's signature, and the mileage verification at the same time as bill submittal.



Links: For more information about billing, see the:

- Examples of how to bill for individual and group interpretive services (later in this payment policy section),
- **General Provider Billing Manual** ([F248-100-000](#)).

Mileage and travel

For mileage documentation:

When billing for mileage, you must submit documentation that supports the reported number of miles between appointments. Documentation must include the:

- Name of software program used, *and*
- Complete physical address for each appointment location (Street address, City, State, and Zip Code).

When billing for actual miles driven to perform interpretation services for an individual worker or group of clients:

- The interpreter must split the mileage between the worker and the next client if this isn't the first or last appointment of the day, *and*
- When mileage is for services to more than one person (regardless of whether all are workers and/or crime victims), the mileage must be prorated between all the persons served.
- Mileage is reimbursed only in **whole miles**. Calculate mileage from point to point, rounding each trip to the nearest whole mile.

See examples at the end of this section. Send mileage verification to each worker's claim file at the same time you bill the insurer or **your bill may not be paid**.

Appointment documentation

For appointment documentation, direct interpretive services must be recorded on the ISAR form and faxed to 360-902-4567 when billing electronically. ISARs may not be submitted electronically.



Note: If corrections to the ISAR form are necessary, see “Changes to medical records” in Chapter 2: [Information for All Providers](#) for information on how to appropriately make corrections. (See definition of **Medical records** in Definitions at the beginning of Chapter 2.)



Note: If a group appointment, include on the form the total number of clients (not healthcare or vocational providers) participating in the appointment.

- Actual mileage information including: actual miles from starting location (including street address) to appointment, actual miles (not prorated) from appointment to next appointment or return to starting location (include street address), actual total miles, *and*
- Verification of appointment by healthcare or vocational provider (printed name and signature of person verifying services), *and*
- Date signed.

Individual face-to-face interpretive services

Services delivered for a single injured worker may include:

- Interpretation performed with the worker and a healthcare or vocational provider, *and*

- Form completion, *and*
- **Wait time** (when no other covered services are being delivered).



Note: See definition of **Wait time** in Definitions at the beginning of this chapter.

When billing for individual interpretation services:

- Only the time actually spent delivering those services may be billed, *and*
- To avoid bill denial, you must bill all services for the same worker, for the same date of service, on one bill form, *and*
- Time is counted from when the appointment is scheduled to begin or when the interpreter arrives, whichever is later, to when the services end, *and*
- **Exception:** If the appointment starts early, time is counted from when the appointment actually begins. For example, the appointment is scheduled to start at 8:30 a.m. but interpreter arrives at 8:00 a.m. and appointment starts early at 8:15 a.m. Time is counted from 8:15 a.m. when the appointment actually started, *and*

Time spent traveling between appointments isn't reimbursable and can't be added to the total on the ISAR.

Group face-to-face interpretive services

When interpretive services are delivered for more than one person (regardless of whether all are workers and/or crime victims), the time spent must be prorated between the participants. Send a separate bill, with prorated amounts, for each person.

For example, if three persons are receiving a one-hour group physical therapy session at different stations and the interpretive services provider is assisting the physical therapist with all three persons:

- The interpretive services provider must bill only 20 minutes per person, *and*
- The time is counted from when the appointment is scheduled to begin or when the interpreter arrives, whichever is later, to when the services end.



Note: Also see the Interpretive services fee schedule, effective July 1, 2019 in the All interpretive services payment policy section, earlier in this chapter.

▶ Payment limits

Daily time limit

The combined total of both individual and group services is limited to **480 minutes** (8 hours) per day per interpreter.

Mileage and travel

POV mileage is payable for no show appointments for IMEs only. No shows for appointments other than department arranged appointments aren't reimbursable. See [WAC 296-20-010](#).

Mileage is reimbursed only in **whole miles**. Calculate mileage from point to point, rounding each trip up to the nearest whole mile.

Before being paid, mileage over 200 miles per day will be reviewed for necessity.

Insurers won't pay interpretive service providers' travel time or for travel expenses such as hotel, meals, and parking.



Note: See more details about the payment policy for IME interpretive and translation services in the next section of this chapter.

▶ Example of how to bill for individual interpretive services

If you are an interpreter and during one day you...	Then the type of service you will bill for is:	And the relevant data to note is:	And the appropriate units of service and code to bill are:
Drive 8 miles from your place of business to the location of an appointment for a worker.	Mileage	8 miles	8 units of 9986M
Next, the worker has an 8:45 a.m. appointment. You and the worker enter the exam room at 9:00 a.m. The exam takes 20 minutes. The healthcare provider leaves the room for 5 minutes and returns with a prescription and an order for X-rays for the worker. The appointment ends at 9:30 a.m.	Individual interpretive services	8:45 a.m. to 9:30 a.m. (45 minutes)	45 units of 9989M
Next, you drive 4 miles to the X-ray service provider and meet the worker there.	Mileage	4 miles	4 units of 9986M
Next, you and the worker arrive at the radiology facility at 9:45 a.m. and wait 15 minutes for X-rays, which takes 15 minutes. You both wait 10 minutes to verify X-rays don't need to be repeated.	Individual interpretive services	9:45 a.m. to 10:25 a.m. (40 minutes)	40 units of 9989M
Next, you drive 2 miles to the pharmacy and meet the worker.	Mileage	2 miles	2 units of 9986M
Next, you and the worker arrive at the pharmacy at 10:35 a.m. and wait 15 minutes at the pharmacy for prescription. You explain the directions to the worker, which takes 10 minutes.	Individual interpretive services	10:35 a.m. to 11:00 a.m. (25 minutes)	25 units of 9989M
Finally, after completing the services, you drive 10 miles to your next interpretive services appointment. Since this isn't your last appointment of the day, when you bill you will split the mileage between the worker and the next client.	Mileage	5 miles	5 units of 9986M

► Example of how to bill for group interpretive services

If you are an interpreter and during one day you...	Then the type of service you will bill for is:	And the relevant data to note is:	And the appropriate units of service and code to bill are:
Drive 9 miles from your place of business to the location of an appointment for 3 clients. 2 are insured by the State Fund.	Mileage	9 miles, 3 workers (9 divided by 3 = 3)	3 units of 9986M to each State Fund claim
Next, the 3 clients begin a physical therapy appointment at 9:00 a.m. You circulate between the 3 clients during the appointment which ends at 10:00 a.m.	Group interpretive services	9:00 a.m. to 10:00 a.m., 3 workers (60 minutes divided by 3 = 20)	20 units of 9988M to each State Fund claim
Finally, after completing the appointment, you drive 12 miles to your next appointment location. Since this isn't your last appointment of the day, when you bill you will split the mileage between the 3 clients and the next client.	Mileage	12 miles, 2 appointments, 3 workers at first appointment (12 divided by 2 = 6; 6 divided by 3 = 2)	2 units of 9986M to each State Fund claim

▶ **Example of how to bill for interpretive services for 1 client with appointment involving multiple open claims**

If you are an interpreter and during one day you...	Then the type of service you will bill for is:	And the relevant data to note is:	And the appropriate units of service and code to bill are:
Drive 10 miles from your place of business to the location of a medical appointment for client A with 2 open State Fund claims.	Mileage	10 miles, 1 worker, 2 open claims (10 divided by 2 = 5)	5 units of 9986M to each State Fund claim
Next, client A begins the medical appointment at 9:00 a.m. The appointment ends at 10:00 a.m.	Individual interpretive services	9:00 a.m. to 10:00 a.m., 1 worker, 2 open claims (60 minutes divided by 2 = 30)	30 units of 9989M to each State Fund claim
Finally, after completing the medical appointment, you drive 12 miles to your next appointment location. Since this isn't your last appointment of the day, when you bill you will split the mileage between the 2 claims of client A and the 1 state fund claim of client B.	Mileage	12 divided by 2 clients= 6 units per client; Client A with 2 claims = 3 units per claim (6 divided by 2 = 3 units) Client B = 6 units.	3 units of 9986M to each of client A's State Fund claims 6 units of 9986M to the client B's claim



Payment policy: Independent medical examination (IME) interpretive and translation services

► Prior authorization

IME interpretation services

Prior authorization isn't required. Also note that:

- When an IME is scheduled, the insurer or IME provider will arrange for the interpretive services, *and*
- The worker may ask the insurer to use a specific interpreter, however, only the interpreter scheduled by the insurer or the IME provider will be paid, *and*
- Interpreters who accompany the worker, without insurer approval, won't be paid or allowed to interpret at the IME.



Note: See the definition of **IME** in Definitions at the beginning of this chapter.

IME no shows

Authorization is required prior to payment for an IME no show. For questions, call the Provider Hotline at 1-800-848-0811.



Note: After occurrence of IME no show, for:

- Self-insured claims, contact the SIE/TPA.



Link: For more information, see: [WAC 296-20-010\(5\)](#) which states, "L&I or self-insurers will not pay for a missed appointment unless the appointment is for an examination arranged by the department or self-insurer."

► Who must perform these services to qualify for payment

Credentialed interpreters who have an active L&I account number can perform these services.

▶ Who can't perform these services

Persons (including interpreter/translator providers with account numbers) who can't provide interpretation or translation services at IMEs for workers or crime victims are:

- Those related to the worker or crime victim, *or*
- Those with an existing personal relationship with the worker or crime victim, *or*
- The worker's or crime victim's legal or lay representative or employees of the legal or lay representative, *or*
- The employer's legal or lay representative or employees of the legal or lay representative, *or*
- Any person who couldn't be an impartial and independent witness, *or*
- Persons under age 18.



Link: Also see: [WAC 296-23-362\(3\)](#), which states, "The worker may not bring an interpreter to the examination. If interpretive services are needed, the insurer will provide an interpreter."

▶ Services that can be billed

IME no shows

Only services related to no shows for insurer requested IMEs will be paid.

The insurer will pay a flat fee for an IME no show.

Mileage to and from the IME appointment will also be paid.



Link: For more information, see: [WAC 296-20-010\(5\)](#).

Mileage and travel

Interpretive service providers may bill for actual POV (personally owned vehicle) miles driven to perform interpretation services for an individual worker or group of clients. (Also see Requirements for billing, below.)

Mileage is reimbursed only in **whole miles**. Calculate mileage from point to point, rounding each trip up to the nearest whole mile.

► Requirements for billing

Multiple Claims

If the IME appointment involves multiple claims, a separate ISAR must be submitted for each claim and the healthcare providers or their staff must verify services on each ISAR. See information in Face-to-face Services section.

Mileage and travel

When billing for actual miles driven to perform interpretation services for an individual worker or group of clients:

- The interpreter must split the mileage between the worker and the next client if this isn't the last appointment of the day, *and*
- When mileage is for services to more than one person (regardless of whether all are workers and/or crime victims), the mileage must be prorated between all the persons served.

Send mileage verification to each worker's claim file at the **same time you bill** the insurer or **your bill may not be paid**.

► Payment limits

Mileage and travel

POV mileage is payable for no show appointments for IMEs only.

Before being paid, mileage over 200 miles per day will be reviewed for necessity.

Insurers won't pay interpretive service providers' travel time or for travel expenses such as hotel, meals, and parking.



Links: For more information about billing, see the:

- Examples of how to bill for individual and group interpretive services (at the end of the Face-to-face services payment policy section, earlier in this chapter), *or*
- **General Provider Billing Manual** ([F248-100-000](#)).



Note: Also see the interpretive services fee schedule, effective July 1, 2019 in the All Interpretive Services payment policy section, earlier in this chapter.



Payment policy: Telephone interpretive services



Note: Telephone interpretive services are payable only to providers that are part of Washington’s Western States Contracting Alliance (WSCA) – National Association of State Procurement Officials (NASPO) Telephone Based Interpreter Services Contract.



Link: The WSCA-NASPO Telephone Based Interpreter Services contract is available to view at:
<https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary>.

▶ Prior authorization

Telephone interpretive services don’t require prior authorization on open claims.



Note: Providers should check claim status with the insurer prior to requesting interpretive services. Call 1-800-831-5227 for updated claim status.

▶ Who must perform these services to qualify for payment

Only department preapproved vendors listed in the WSCA-NASPO contract may provide and be paid for telephone interpretive services.

Healthcare, vocational, and activity coach providers, both in and out of state, who use telephone interpretive services, must use this preapproved WSCA-NASPO contracted vendor:

Language Link
911 Main St., Suite 10 Vancouver, WA 98660 1-877-626-0678 Website: https://www.language.link/



Link: Information is available on the L&I web site at [How providers arrange interpretive services](#)

► Services that are covered

Healthcare providers' telephone interpretive services are covered when:

- There is face-to-face contact between the healthcare provider and the worker, *and*
- Requested by healthcare providers through the WSCA-NASPO contract.

Billing code **9999M** ("Telephone Interpretation Direct service time between worker(s) and healthcare provider, per minute") is payable only to the L&I preapproved WSCA-NASPO contractor.

Vocational providers' telephone interpretive services are covered:

- When requested by healthcare providers through the WSCA-NASPO contract, *and*
- For self-insured workers there is face-to-face contact between the healthcare provider and the worker (not required for state fund or crime victims).

Billing code **9979M** ("Telephone Interpretation Direct service time between worker(s) and vocational provider, per minute") is payable only to the L&I preapproved WSCA-NASPO contractor.

Vocational providers' telephone interpretive services are covered:

- When requested by vocational providers through the WSCA-NASPO contract, *and*
- For self-insured workers there is face-to-face contact between the vocational provider and the worker (not required for state fund or crime victims).

Billing code **9969M** ("Telephone Interpretation Direct service time between worker(s) and activity coach provider, per minute") is payable only to the L&I preapproved WSCA-NASPO contractor.

- When requested by activity coaches through the WSCA-NASPO contract, *and*
- For self-insured workers there is face-to-face contact between the activity coach and the worker (not required for state fund or crime victims).

When billing for telephone interpretive services, use billing code **9999M, 9979M, or 9969M**.
For this code:

- One minute equals 1 unit of service, *and*

- The maximum fee is per WSCA-NASPO contract only. For:
 - **Language Link**, the fee is **\$0.62 per minute** for all languages.

Bills for telephone interpretive services must be submitted to the appropriate insurer. For:

- State Fund, bill State Fund claims electronically.
- Self-Insurance, bill the self-insured employer (SIE) or their third party administrator (TPA).



Link: To determine SIE/TPA:

- See the self-insurer list at:
 - www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/ or
 - Call **360-902-6901**.
- Crime Victims claims:
 - Bill for services using the **Statement for Crime Victim Miscellaneous Services** form (see Link below) or the **CMS 1500** form ([F245-127-000](http://www.fda.gov/oc/ohrt/f245-127-000.pdf)), *and*
 - Mail Crime Victims bills to:

Crime Victims Compensation Program
PO Box 44520
Olympia, WA 98504-4520
 - Call the Crime Victims Program Hotline with questions: **800-762-3716**.



Link: **Statement for Crime Victim Miscellaneous Services** form ([F800-076-000](http://www.fda.gov/oc/ohrt/f800-076-000.pdf))



Note: **State Fund claims** begin with the letters **A, B, C, F, G, H, J, K, L, M, N, P, X, Y,** or **Z** followed by six digits, or **double alpha letters** (example AA) followed by five digits.

Self-insured claims begin with an **S, T,** or **W** followed by six digits, or **double alpha letters** (example SA) followed by five digits. Department of Energy (DOE) claims are now self-insured.

Crime Victims claims begin with a **V** followed by six digits, or double alpha letters (example **VA**) followed by five digits.

Contracted WSCA-NASPO vendors

Each vendor must have an active department assigned provider account number.

Provider documentation

Documentation for provider telephone interpretive services must include all of the following:

- Claim number, *and*
- Worker's/victim's full name, *and*
- Date of injury, *and*
- Interpreter name and ID number, *and*
- Language, *and*
- Healthcare provider name, *and*
- Appointment address, *and*
- Appointment date, *and*
- Appointment duration.

This applies to healthcare and vocational providers, activity coaches, and case managers who utilize telephonic interpretive services.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for interpretive services	Washington Administrative Code (WAC) 296-20-010(5): http://apps.leg.wa.gov/WAC/default.aspx?cite=296-20-010 WAC 296-23-362(3): http://apps.leg.wa.gov/WAC/default.aspx?cite=296-23-362 WAC 296-23-302 http://apps.leg.wa.gov/WAC/default.aspx?cite=296-23-302
Administrative rules for missed appointments	WAC 296-20-010(5): http://apps.leg.wa.gov/WAC/default.aspx?cite=296-20-010
Becoming an L&I interpreter provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/Interpreters/
Becoming an L&I provider	L&I's website: http://www.lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing adjustments	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/PayAdjust/
Billing instructions and forms	Chapter 2: Information for All Providers
Common Errors on the Interpretive Services Appointment Record (ISAR)	L&I's website: www.Lni.wa.gov/FormPub/Detail
Ethics for Interpreters	WAC 388-03-050: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-03-050
Language Link (WSCA-NASPO contracted vendor)	Language Link website: https://www.language.link/
Federal laws relevant to interpretive services	Civil Rights Act of 1964, available online at: www.eeoc.gov/laws/statutes/titlevii.cfm

If you're looking for more information about...	Then go here:
Fee schedules for all healthcare professional services (including interpretive services)	L&I's website: http://www.lni.wa.gov/apps/FeeSchedules/
Interpreter Lookup Service	L&I's website: https://fortress.wa.gov/lni/ils/
Interpretive Services Website	L&I's website: http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Interpreters/
How providers arrange interpretive services	L&I's website: www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Interpreters/arrangeSvcs
Interpretive Services Appointment Record (ISAR) form	L&I's website: www.lni.wa.gov/FormPub/Detail
L&I's General Provider Billing Manual	L&I's website: www.lni.wa.gov/FormPub/Detail
Place to sign up for L&I provider news and updates	L&I's website: www.lni.wa.gov/Main/Listservs/Provider
Statement for Crime Victim Miscellaneous Services form	L&I's website: www.lni.wa.gov/FormPub/Detail
What modality of interpretation should the provider choose?	https://www.lni.wa.gov/ClaimsIns/Files/Providers/WhatModalityofInterpretationShouldtheProviderChoose.pdf
WSCA-NASPO Telephone Based Interpreter Services contract	Washington State Government General Administration website: https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary

► **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**