Provider Notice

From: Magellan Healthcare
Subject: Reminder: Submitting claims for language interpretation services

Overview

This reminder clarifies requirements for submitting language interpretation services claims.

Language interpretation request reminders

- Providers may submit a claim for language interpretation services only in conjunction with an approved, covered service.
- Language interpretation must be submitted on the same claim as the covered service.
- The time submitted for language interpretation must match the duration of the covered service for which interpretation is provided.
    - **Example:** A provider delivers 60 minutes of case management (T1017) on Jan. 1, 2026. 30 minutes include the member and require language interpretation (T1013). The remaining 30 minutes do not include the member. **Only the 30 minutes when the member is present may include billed interpreter services.**
    - **Claim submission:**
        - **Date of service:** 1/1/2026
        - **Procedure code:** T1017 **| Units:** 4
        - **Procedure code:** T1013 **| Units:** 2
- Claims submitted outside of these parameters will be denied.

Additional guidance

Detailed requirements for language interpretation services are outlined starting on page 94 of Appendix C, found on MagellanofIdaho.com under ***For Providers > Provider Handbooks***.

Records audits

Interpreter services are subject to audit, upon request by Magellan. Providers should refer to the ***Documentation Standards*** in the ***Language Interpretation*** section of Appendix C, for further information about required documentation.

Questions?

Contact Magellan at IdahoProvider@MagellanHealth.com.