Provider Notice

From: Magellan Healthcare
Subject: Billing guidance for interpreter services under Idaho Medicaid

Overview

Idaho Medicaid reimburses interpreter services when they occur during a covered medical encounter. Providers must bill HCPCS code T1013 (sign language or oral interpretive services, per 15 minutes) and include it on the same claim as the primary Medicaid covered service. Interpreter services cannot be billed separately.

Because interpreters are not enrolled Medicaid providers, the rendering provider is responsible for billing and must maintain documentation that supports the service.

Billing and documentation reminder

Idaho Medicaid is reinforcing existing requirements to ensure accurate billing and compliance. Providers must:

- Bill T1013 in fifteen (15) minute increments based only on time the patient is present.
- Document the interpreter's name, qualifications, and total minutes of interpretation in the clinical record.
- Use a qualified interpreter, not a family member or untrained individual.
- Bill only for the use of a qualified interpreter. You may not bill for the use of a family member or untrained individual.
- Ensure the individual providing interpretation services is not the same person providing the treatment service billed on the claim.

Federal law requires providers to offer language access services regardless of reimbursement, and any unreimbursed costs remain the provider's responsibility.

What providers need to know

These requirements support accurate claims and compliance with federal language access standards. Review your internal processes to ensure interpreter services are billed correctly and supported by complete documentation.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.