

## Clinical Services TIPS

### Treatment Interventions, Protocols, and Suggestions

**Purpose:** TIPS provide guidance for CBO and County Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) providers to enhance service quality and ensure compliance with Alameda County agreements and California regulations.

### Interpretation Services

#### 1. Billing for Interpretation Services

A claim for interpretation should be submitted when the provider and the client cannot communicate in the same language, and the provider uses an agency staff person who is fluent in the required language and/or an individual trained in medical interpretation to provide interpretation. This is billed by using the supplemental code *T1013 Sign language or oral interpretive services* along with the primary procedure code. Code T1013 is available for use in both DMC-ODS and SMHS.

#### 2. Criteria for Billing Interpretation Services

Code T1013 reimburses providers for the cost of interpretation services. This code should not be used if the provider is not covering the cost of interpretation services. See section 4c. *Duplicate Billing*, for more information.

Code T1013 may be billed along with an appropriate primary code when **all** the following criteria are met:

- a) **Service Facilitation:** Interpretation is necessary to ensure the client, caregiver, or significant support person can fully participate in the service and understand the treatment. The code can only be used if the person providing the primary service cannot offer the service in the primary member/significant

support person's preferred language and a qualified interpreter provides translation.

- b) **Direct Service Requirement:** Code T1013 Sign language or oral interpretive services must be linked to a billable face-to-face (in-person or telehealth) SMHS or DMC-ODS service. Code T1013 must be used in conjunction with an allowable primary service code (e.g., therapy, assessment).
- c) **Qualified Interpreter:** An agency staff person or individual trained in medical interpretation (e.g. contractor) may be used for interpretation services. The interpreter must be fluent in the required language. An agency staff person providing interpretation does not need to be certified as a translator. Family members or friends are not qualified interpreters.
- d) **Eligible Languages:** Translation services are claimable for any non-English language, including American Sign Language (ASL).

### 3. Documentation Requirements

To claim translation services using code T1013, the progress note must clearly document the following:

- a) **Primary Service:** Include details of the primary service provided (e.g., individual therapy, group therapy, assessment).
- b) **Interpretation Details:** Document the language for which translation was provided.
- c) **Interpreter Identification:** State whether an agency staff or contracted interpreter was used. If applicable, include the interpreter's name or ID.

Example: *"Interpretation services were provided in Spanish by another agency staff who is fluent in the language, [name], to facilitate the client's understanding of the treatment plan during an individual therapy session."*

### 4. Billing Guidance

- a) **Add-On Code:** Code T1013 must be billed as an add-on and cannot be billed alone. It must accompany an appropriate primary service code.
- b) **Time Tracking:** The time reported for T1013 is the time the interpreter spent interpreting. Thus, interpretation time may be equal to or shorter than the primary service duration but cannot exceed it.
- c) **Duplicate billing:** Code T1013 reimburses providers for their costs related to the interpreter. Providers cannot claim T1013 if costs for interpretation are paid by another funding source (e.g., Globo paid by ACBHD, teacher salary paid by school).
- d) **Exclusions and lockouts:**
- Interpretation unrelated to a billable service (e.g. scheduling, general inquiries, etc.) is not reimbursable.
  - Use of non-qualified interpreters (e.g. family members or friends) does not meet billing criteria.
  - Interpretation may not be claimed during an inpatient or residential stay as the cost of interpretation is included in the per diem rate.
  - Interpretation cannot be claimed by mobile crisis services as the rate for mobile crisis incorporates interpretation.<sup>1</sup>
  - Interpretation cannot be claimed for automated/digital translation or relay services.
  - Interactive Complexity (90785) and interpretation (T1013) cannot be claimed together. Refer to DHCS Service Tables for lockout details.
- e) **SmartCare Billing:** In SmartCare, Code T1013 should be entered alongside the primary service code. The person providing the service enters their time as usual, in the direct service time boxes. The interpreter's time is entered separately, in the add-on code tab, for the time that person spent translating,

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<sup>1</sup> Mobile Crisis Services means those described in [DHCS BHIN 23-025](#).

which could be any amount of time up to the primary provider's service time.

The taxonomy code and NPI of the individual who provided the primary service should be used on the claim.

## **5. When in Doubt**

Consult with your supervisor or compliance officer if you are unsure about whether interpretation services meet the criteria for billing.

## **Resources**

[DHCS Medi-Cal Billing Manuals and Service Tables](#)

[ACBHD Documentation Manual and FAQ](#)

***Disclaimer:*** This document complements, but does not replace, CBO-specific policies. Staff must comply with evolving standards, laws, and organizational requirements. Guidance may change to reflect regulatory or contractual updates.

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