

## Access Services

Revised: [May 16, 2025](#)

Minnesota Health Care Programs (MHCP) covers the following access services:

- [Nonemergency Medical Transportation \(NEMT\) and Ancillary Expenses](#)
- [Language Interpreter Services](#)
- [Sign Language Interpreters](#)
- [Face-to-Face Spoken Language Interpreters](#)

### Nonemergency Medical Transportation (NEMT) and Ancillary Expenses

MHCP covers nonemergency medical transportation and other related travel expenses when the services are necessary to enable a member to obtain a covered health service from a participating provider. MHCP covers transportation to nonparticipating providers if all of the following are met:

- The service is covered under the Medical Assistance (MA) state plan
- The nonparticipating provider could apply to be a participating provider
- It results in proper and efficient MHCP administration due to cost effectiveness

### Covered Services

MA covers the cost of the most appropriate and cost-effective forms of transportation. Funded completely by state and federal funds, local county and tribal agencies administer this program and reimburse the member or the provider directly for costs incurred. Examples of services and expenses for which reimbursement is, or may be, available include the following:

- Parking and tolls
- Lodging
- Meals

Local county and tribal agencies **must inform** members of their transportation and ancillary service benefits and reimbursements. The local agencies must help members find necessary appropriate level of transportation to obtain an MHCP-covered health service. Each local agency has a plan detailing how it will ensure that a member obtains necessary transportation and ancillary services. Local county and tribal agencies may require authorization for the transportation and ancillary services they provide or reimburse.

Refer to the following for more information:

- [Access Services Ancillary to Transportation](#) under the Transportation section of the MHCP Provider Manual for more information about travel expenses and reimbursement
- [Managed Care Organizations \(MCOs\)](#) for information about services provided to members enrolled in MCOs.
- [NEMT Services Overview](#) for more information about transportation services

Neither the NEMT nor the related ancillary service charges are applied to an existing spenddown obligation of a member. Members with a spenddown obligation remain eligible for NEMT and related ancillary services to get them to and from their medical appointments. MHCP will reimburse for transports and ancillary services to the local agencies or enrolled NEMT provider.

### Language Interpreter Services

All providers are required to provide language interpreter services as follows:

- Sign language interpreter services when such services are necessary to help deaf or hard of hearing members get covered services
- Spoken language interpreter services to all patients with limited English proficiency (LEP), regardless of whether the patient is a member of MHCP.

MHCP covers sign and spoken language interpreter service with the following conditions if the provider cannot communicate effectively with the member:

- Providers are responsible for arranging the interpreter service in a timely fashion and paying the interpreter. If a member would feel more comfortable using a family member or friend, they can use them as their interpreter. Minor children cannot be used as interpreters.
- MHCP will not pay for any of the services if the interpreter is not on the approved Minnesota Department of Health (MDH) roster list. The provider can choose to use an interpreter from the MDH roster list if the provider feels it is the best way to meet and communicate the member's health care needs.
- Three people must be present for the service to be covered: the provider, the member and the interpreter.
- For sign language interpreter services, the interpreter may be on a video screen when using video remote interpreter services.
- For spoken language interpreter services, the interpreter may communicate by phone or teleconference. These **are not** face-to-face interpreter services.

MHCP also covers language interpreter services for the parent or guardian when the member is a minor.

In some cases, providers need to make interpreter services available on an expedited or emergency basis.

### **Qualified and Competent Interpreters**

All language interpreters must be qualified and competent, as well as have the following capabilities:

- Demonstrate proficiency in both English and the targeted language (sign or spoken)
- Use the appropriate mode of interpreting given the situation (for example, consecutive, simultaneous, summarization, or sight translation)
- Have received appropriate "interpreter" training that includes instruction in the skills and ethics of interpreting, and rules of confidentiality and data privacy
- Understand their role as interpreters without deviating into other roles, such as counselor or legal advisor
- Have fundamental knowledge in both languages of any specialized health care terms or concepts
- Be sensitive to the patient's culture

MHCP does not enroll interpreters as providers.

### **Eligible Providers**

All MHCP-enrolled providers except those listed below may bill MHCP for sign and spoken language interpreter services if the provider cannot effectively communicate with the member.

MCO providers: contact the member's [MCO](#) for network sign and spoken language interpreters and billing instructions.

### **Eligible Members**

MHCP covers sign and spoken language interpreter services when such services are necessary to help deaf or hard of hearing members or members with LEP get covered services, and the members are eligible for one of the following programs:

**AC**     Alternative Care Program

<b>BB</b>	MinnesotaCare Plus One
<b>EH</b>	Emergency Medical Assistance
<b>FF</b>	MinnesotaCare Basic Plus MinnesotaCare Basic Plus Two
<b>FP</b>	Minnesota Family Planning Program (MFPP)
<b>JJ</b>	MinnesotaCare Basic Plus MinnesotaCare Basic Plus Two
<b>KK</b>	MinnesotaCare Expanded for children age 19 years and under (state-funded MA)
<b>LL</b>	MinnesotaCare Expanded for children under age 19 (state and federally-funded MA)
<b>MA</b>	Medical Assistance
<b>NM</b>	MA program that is mostly federally funded under the Children's Health Insurance Program (CHIP), which covers pregnant women and infants under age 2. NM also covers a small number of adults age 19 and over who are not covered by CHIP. Eligibility and covered services mirror MA
<b>RM</b>	Refugee Medical Assistance
<b>XX</b>	MinnesotaCare Expanded for adults over age 19 (state-funded)

MHCP does not cover sign and spoken language interpreter services when members are eligible for one of the following programs:

<b>IM</b>	Institution for Mental Disease
<b>OO</b>	Behavioral Health Fund. State funded for Substance Use Disorder (SUD) services only.
<b>QM</b>	Qualified Medicare Beneficiary
<b>SL</b>	Service Limited Medicare Beneficiary

### **Sign Language Interpreters**

Minnesota Department of Human Services (DHS) Deaf and Hard of Hearing Services Division (DHHSD) can help answer questions about sign language interpreter referral services or hiring freelance sign language interpreters. Refer to the [Deaf and Hard of Hearing Services Division](#) webpage for more information and resources or call 800-657-3663.

### **Face-to-Face Spoken Language Interpreters**

MHCP covers face-to-face spoken language interpreter services only when the interpreters are actively enrolled in the [MDH Spoken Language Interpreter Roster](#). Providers, including those enrolled with MCOs, are responsible to verify that face-to-face spoken language interpreters are enrolled in the roster.

### **Limited English Proficiency (LEP)**

In August 2003, the U.S. Department of Health and Human Services published its own [Guidance to Federal Financial Assistance Members Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#), designed to help providers understand the extent of their obligation to provide interpretation and translation services to members with LEP.

Take reasonable steps to provide effective spoken language interpreter services when such services are needed to help a person with LEP get medical services.

To know what reasonable steps to take, start by conducting an individualized assessment that balances four factors:

1. The number or proportion of people with LEP eligible to be serviced or the provider is likely to encounter
2. How often people with LEP come in contact with the provider's services

3. The nature and importance of the services in people's lives
4. The language assistance resources available to the provider and what it will cost to provide those services to the public

The results of this four-factor analysis helps you determine the mix of language assistance services you should provide. For example, in most cases, interpreter services will be the most effective type of language assistance available. However, other forms of language assistance may be appropriate, such as using translated application forms and other documents, or using bilingual staff members who are proficient in both English and a non-English language. Base language assistance services on what provides meaningful access and is reasonable and necessary given the results of the four-factor analysis (Guidance pages 47314-16).

DHS strongly encourages you to develop a written LEP plan, policy and procedure that describes how you will offer free and timely interpreter or other language assistance services to effectively communicate with non- or limited-English speaking members. An LEP plan does not have to be lengthy or complicated. It may be as simple as being prepared to use a commercial telephone interpreter service or identifying bilingual staff members within the office who are proficient enough in both English and a non-English language to effectively communicate with a patient in his or her primary language (Guidance pages 47319-20).

Refer to the [Limited English proficiency in Minnesota](#) webpage and to the [Limited English Proficiency Plan \(DHS-4210\) \(PDF\)](#) for more information or a template for your LEP plan.

You are not required to develop a written LEP plan if you serve very few people with LEP or have very limited resources. However, you are responsible for providing meaningful access to services for your members with LEP and must have a plan, written or not, to do so. Consider alternative reasonable ways to show how you provide meaningful access in compliance with Title VI. Should a complaint arise, you must be able to show intent to comply with the law and have documentation sufficient to show what happened in the particular case.

Do not plan to rely on a person's family members, friends or other informal interpreters to provide meaningful access to services. Respect a person's desire to use an interpreter of his or her own choosing in place of the language service you may offer. You may use a patient's family member or friend as an interpreter in emergencies (Guidance pages 47317-18).

Qualified spoken language interpreters must understand and follow confidentiality and impartiality rules to the same extent as the staff person involved (Guidance page 47316). Under the Guidance, an interpreter must be competent to provide interpreter services. Competency does not require formal certification as an interpreter, but does require more than just self-identification as bilingual.

### **Interpreter Unit Authorizations**

Submit an authorization request for additional interpreter service units only **after** the allowed eight units (one unit = 15 minutes) of interpreter services per date of service have been used. The prior authorization must include, but is not limited to:

- Name and provider number of the enrolled MHCP provider delivering the covered service that requires the additional interpreter service units
- Name, date of birth (DOB) and MHCP member ID number of the fee-for-service (FFS) patient requiring the additional interpreter service units
- Service code or description of the service being provided requiring the additional interpreter service units
- Brief explanation of why this service will require additional interpreter service units

- Self-attestation by the provider that none of the interpreter service units include time or consideration for reimbursement for any of the following:
  - Travel time
  - Wait time (includes time waiting in the lobby, exam room or any office space when a medical service is not being delivered)
  - Mileage
  - No-shows or cancellations
  - Form translation activities
  - Form completion activities
  - Time when all three people required for interpreter services (provider, patient, interpreter) are not involved in the discussion or delivery of the patient's covered service(s) provided during the appointment

**Do not** include the initial eight units as part of the additional interpreter units being requested.

Submit the authorization request to medical review agent through the MHCP authorization process. Refer to the [Authorization](#) section under Provider Basics in the MHCP Provider Manual for more information.

### Billing Language Interpreter Services

Providers are responsible for providing interpreter services, at the provider's expense, for members whose coverage does not cover interpreter services. The amount paid by MHCP may not cover the full cost of the interpreter service. Providers must bear the cost or cost-difference for providing interpreter services. For interpreter services, providers must document the following in the patient's chart:

- That an interpreter was used
- The date and time the interpreter was used (for example, 04/01/20, 1:00 p.m. – 1:15 p.m.)
- The name of the interpreter and agency

For MCO enrollees, contact the member's health plan for billing instructions.

### County and Tribal Agencies

The local county or tribal agencies can be reimbursed for interpreter services when necessary to determine MHCP, cash and food support eligibility even if the individual is not eligible for any program. Reimbursement includes the process for completing the MnChoices Assessments.

### MHCP billing guidelines for sign or spoken language interpreter services

Code	Modifier	Description
T1013		Face-to-face spoken language interpreter service
T1013	U3	Face-to-face sign language interpreter service
T1013	GT	Telemedicine interpreter service via interactive audio and video telecommunications systems
T1013	U4	Interpreter service provided via telephone, smartphone, tablet or other similar processes. <b>Does not</b> include delivery of telemedicine interpreter service
T1013	UN UP UQ UR US	Interpreter service provided in a group setting: 2 members served 3 members served 4 members served 5 members served 6 or more members served <b>Do not</b> use modifier 52 to denote multiple members in a group setting

*D9990	* <b>Dental Services Providers Only:</b> for sign or spoken interpreter services, bill <b>one</b> unit per visit using code D9990. This is a covered benefit for both children and pregnant women and non-pregnant adults.
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- Bill only for the direct face-to-face, video or phone service time
- Bill in the electronic 837P or 837I format only. Dental Providers bill code D9990 on an 837D format only.
- Bill appropriate modifier to identify the interpreter service provided
- Report one unit of T1013 per 15 minutes (at least eight minutes must be spent to report one unit)
- Bill directly to MHCP when the member is dually eligible (Medicare and Medicaid) as Medicare does not cover interpreter services
- IEP providers: Bill interpreter services as described in the [Individualized Education Program \(IEP\) Services](#) section of the MHCP Provider Manual.

### Noncovered

- Staff members at the provider's office who are qualified in sign language or competent in spoken language interpretation can interpret the medical service, but not in conjunction with another service. For example, a bilingual staff nurse may interpret during an appointment, but may not perform the duties of a nurse while interpreting: only one service (either interpreting or the medical service) is billable to MHCP.
- Translating documents (paper to paper) is not a covered spoken language interpreter service.
- Minor children as interpreters
- Travel time
- Wait time (includes waiting in a lobby, exam room, or any office space when a medical service is not being delivered)
- Mileage
- No shows or cancellations
- Transportation providers – the service of transporting a patient does not include interpreter service reimbursements

### MHCP covers language interpreters for the following services within the service payment methodology

- Day treatment & habilitation (DT&H) providers – included in the DT&H rate
- Federally qualified health centers for federally funded encounter rate members – included in the encounter rate
- Intermediate care facilities/developmental disabilities – included in the facility rate
- Indian Health Service for federally funded encounter rate members – included in the encounter rate
- Inpatient hospitals – included in the inpatient hospital DRG payment
- Nursing facilities – included in the per diem rate
- Rural health clinics for federally funded encounter rate members – included in the encounter rate

### Definitions

**Interactive audio and video telecommunications:** Interpreter services provided to a patient when the medical service provider and patient are at the originating location and the interpreter is at another

location. Interpreter services are delivered using telephone and other forms of interactive audio and video communications equipment.

**Interpretation:** The oral replacement of one spoken language (source language) into another spoken language (target language). Four modes of interpretation exist: consecutive, simultaneous, summarization and sight translation (when the interpreter reads text in one language and speaks it in another language). Includes sign language services.

**Telemedicine:** The delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. Refer to the [Physician and Professional Services](#) section in the MHCP Provider Manual for more information on telemedicine service.

**Translation:** The written replacement of text from one language (source language) into an equivalent text in another language (target language).

**Person with LEP:** A person not able to speak, read, write, or understand English at a level that allows him or her to interact effectively.

### **Additional Resources**

The [Multilingual Health Resources Exchange](#), based in Minnesota, is a partnership formed to exchange information and resources about health communication and multilingual health materials.

### **Legal References**

[Minnesota Statutes 256B.0625](#), subdivision 18a (Covered Services, Access to medical services)

[Minnesota Rules 9505.0140](#), subpart 1 (Payment for Access to Medically Necessary Services, Access to medically necessary services)

[Minnesota Rules 9505.2175](#), subpart 9 (Health Service Records, Language interpreter services)