

## Interpreter Service Process/Reimbursement Procedure

**Effective August 15, 2012 DMAS will reimburse providers through DentaQuest for Interpreter Services at an hourly rate not to exceed \$50 (or the lesser rate as charged by the interpreter if the rate charged is less than \$50) regardless of the number of patients assisted. Services shall be billed and reimbursed in 15 minute increments. DentaQuest billing guidelines outlined below are as follows:**

1. *Smiles For Children (SFC)* dental providers are responsible for the arrangement of onsite interpreter services when an interpreter is needed to explain treatment.

DMAS maintains an Interpreter Resource list located at [http://www.dmas.virginia.gov/Content\\_pgs/dnt-home.aspx](http://www.dmas.virginia.gov/Content_pgs/dnt-home.aspx). To access the resource list, select *Smiles For Children* Provider Information and go to Interpreter Service Information. Select the resource list. If you do not have an interpreter resource, you may select one from the Interpreter Resource List.

2. The *SFC* Professional Interpreter Service Invoice Form is a required document and is also located on the DMAS website as listed above for provider use.
3. Interpreters must be proficient in the specific language and hold a Virginia business license allowing a fee for their service.
4. Providers should encourage interpreters to work directly with a patient to help coordinate the patient arriving on time to the appointment. DMAS/DentaQuest will not reimburse for interpreter services when a patient does not keep an appointment. Interpreter service claims will only be reimbursed when the service is used with a *SFC* covered dental service.

### **Reimbursement Procedure and Guidelines**

1. Providers are responsible for paying the interpreter directly and retaining a paid invoice of services rendered. DentaQuest will not pay the interpreter directly.
2. *SFC* Professional Interpreter Service Invoice Form must be completed and submitted to DentaQuest.
3. Along with the form, providers must submit a copy of the paid invoice/receipt to DentaQuest to include the following information:
  - Date and Time of Interpreter service (including beginning and ending time).
  - Patient Name and Medicaid ID number
  - Interpreter name, address, telephone number, language used, duration of service and interpreter's charge for the service.
  - If the interpreter is not listed on the DMAS Interpreter Resource list, the provider must attach a copy of the professional interpreter's business license with the invoice.
  - The patient's chart must document that the patient needed and received interpreter services on a specific date. If ongoing interpreter services are required, the provider must include an annual assessment and attestation in the patient's chart confirming need. Payment for that service acknowledges DentaQuest's ability to audit the use of the service at any time.
4. Provider should mail the invoice form and paid receipt to:

**DentaQuest  
Interpreter Services  
ATTENTION: Kristen Gilliam  
7400 Beaufont Springs Drive  
Suite 300  
Richmond, VA 23225**

5. Provider reimbursement will be processed by DentaQuest within 30 days of receipt. *SFC* provider should include the address to receive payment. Go to [http://www.dmas.virginia.gov/Content\\_pgs/dnt-home.aspx](http://www.dmas.virginia.gov/Content_pgs/dnt-home.aspx). Select *Smiles For Children* Provider Information and go to Interpreter Service Information for additional guidance. Telephonic interpreter reimbursement and bill procedures will remain unchanged.