

Oregon Workers' Compensation Medical billing & payment



For Interpreters

What we'll cover

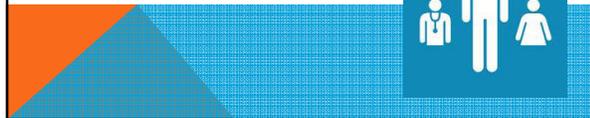
- Choosing interpreters
- Compensable services
- Billing
- Timelines
- Limitations
- Forms
- Payment calculations
- Payment requirements
- Dispute resolution



Choosing an interpreter

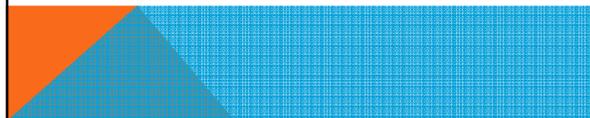
The patient may choose a family member, a friend, an employee of the medical provider, or a professional interpreter.

The medical provider may disapprove of the patient's choice at any time the medical provider feels the interpreter services are not improving communication with the patient, or feels the interpretation is not complete or accurate.



Compensable medical services

- Care that is provided for the accepted condition
- Must be authorized by the attending physician
- After the accepted condition is medically stationary, medical services are subject to limitations (See ORS 656.245(1)(c))

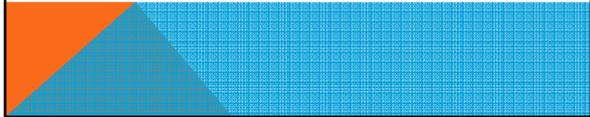


Billing

Interpreters must charge the usual fee they charge to the general public for the same service.

Interpreters may only bill an insurer or, if provided by contract, a managed care organization (MCO). However, if the insurer denies the workers' compensation claim, interpreters may bill the worker's private insurance and/or the worker.

Interpreters may bill for interpreter services and for mileage when the round-trip mileage is 15 or more miles. ("Mileage" means the number of miles traveling from the interpreter's starting point to the treatment location and back to the interpreter's starting point.)

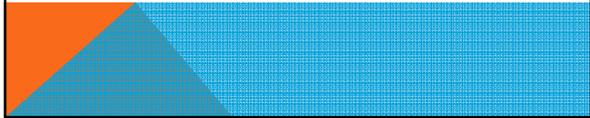


Billing

If the interpreter arrives at the provider's office and the provider cancels the appointment or the patient fails to attend, interpreters may not bill.

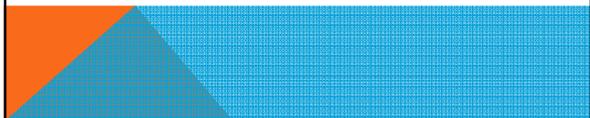
However, if the interpreter arrives at the provider's office for an independent medical exam (IME), a physician review exam, or an arbiter exam, the interpreter may bill for interpreter services and mileage even if:

- The patient fails to attend the appointment; or
- The provider has to cancel or reschedule the appointment.



Billing

If interpreters do not know the workers' compensation insurer responsible for the claim, they may contact the Department of Consumer and Business Services, Workers' Compensation Division at 503-947-7814 or search online at <http://www4.cbs.state.or.us/ex/wcd/cov/index.cfm>.



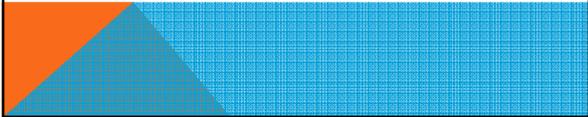
Payment limitations

The insurer is not required to pay for interpreter services or mileage when:

- The worker fails to attend the appointment; or
- The provider cancels or reschedules the appointment; or

When the services are provided by:

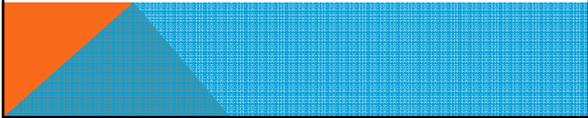
- A family member or friend of the patient; or
- A medical provider's employee.



Billing timelines

Interpreters must bill within the later of:

- 60 days of the date of service;
- 60 days after the interpreter has received notice or knowledge of the responsible workers' compensation insurer or processing agent; or
- 60 days after any litigation affecting the compensability of the service is final, if the interpreter receives written notice of the final litigation from the insurer.

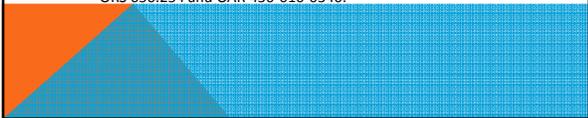


Billing timelines

When submitting a bill later than the allowed timeframe, an interpreter must establish good cause. Good cause may include, but is not limited to, extenuating circumstances or circumstances considered outside the control of the interpreter.

A bill is considered sent by the date the envelope is post-marked or the date the document is faxed.

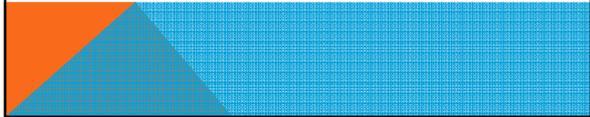
If the interpreter bills past the timelines without good cause, the interpreter may be subject to civil penalties as provided in ORS 656.254 and OAR 436-010-0340.



Billing form

Interpreters must use an invoice when billing for interpreter services and mileage. The invoice **must** include:

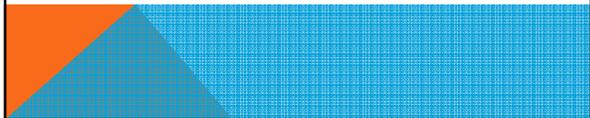
- The interpreter's name, the interpreter's company name, if applicable, billing address, and phone number;
- The patient's name;
- The patient's workers' compensation claim number, if known;
- The correct Oregon specific codes for the billed services (D0004, D0005, D0006, or D0041);



Billing form

An interpreter's invoice must include (continued):

- The workers' compensation insurer's name and address;
- The date interpreter services were provided;
- The name and address of the medical provider that conducted the exam or provided treatment;
- The total amount of time interpreter services were provided; and
- The mileage, if the round trip was 15 or more miles.

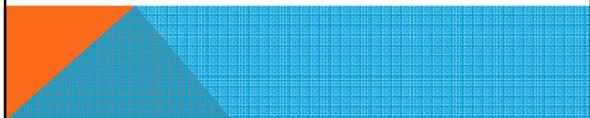


Billing form

Interpreters must use Oregon specific codes when billing for interpreter services and mileage:

- D0004 for interpreter services except American Sign Language,
- D0006 for interpreter services provided by a certified health care interpreter*
- D0005 for American Sign Language interpreter services, and
- D0041 for mileage of 15 or more miles round trip.

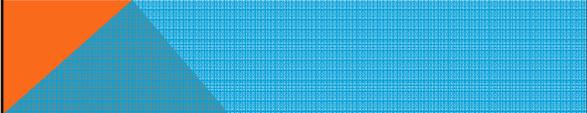
* The list of currently certified health care interpreters can be found at <https://www.oregon.gov/oha/oei/Pages/HCI-Program.aspx>



Payment calculations

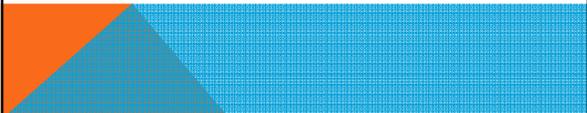
Unless otherwise provided by contract, insurers must pay the lesser of the maximum allowable payment amount or the interpreter's usual fee.

Insurers must use the following table to calculate the maximum allowable payment for interpreters:



Payment calculations

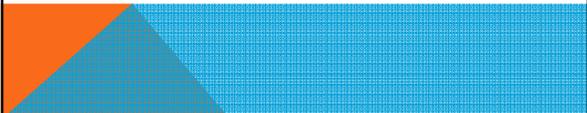
| For: | The maximum payment is: |
|---|---|
| Interpreter services of an hour or less | \$60.00 |
| Interpreter services of an hour or less provided by health care interpreters certified by the Oregon Health Authority | \$70.00 |
| American sign language (ASL) interpreter services of an hour or less | \$70.00 |
| Interpreter services of more than one hour | \$15.00 per 15-minute increment; a 15-minute increment is considered a time period of at least eight minutes and no more than 22 minutes. |
| Interpreter service of an hour or less provided by health care interpreters certified by the Oregon Health Authority | \$17.50 per 15-minute increment; a 15-minute increment is considered a time period of at least eight minutes and no more than 22 minutes. |
| American sign language (ASL) interpreter services of more than one hour | \$17.50 per 15-minute increment; a 15-minute increment is considered a time period of at least eight minutes and no more than 22 minutes. |
| Mileage of less than 15 miles round trip | No payment allowed |
| Mileage of 15 or more miles round trip | The private vehicle mileage rate published in Bulletin 112 |
| An examination required by the director or insurer that the patient fails to attend or when the provider cancels or reschedules | \$60.00 no-show fee plus payment for mileage if 15 or more miles round trip |
| An interpreter who is the only person in Oregon able to interpret a specific language | The amount billed for interpreter services and mileage |



Payment requirements

The insurer must pay the interpreter within:

- 14 days of the date of claim acceptance or any action causing the service to be payable, or 45 days of receiving the invoice, whichever is later; or
- 45 days of receiving the invoice for an exam required by the insurer or director.

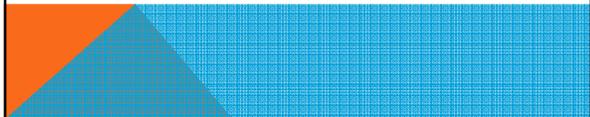


Payment requirements

When an interpreter bills within 12 months of the date of service, the insurer may not reduce payment due to late billing.

When an interpreter bills over 12 months after the date of service, the bill is not payable, except when the interpreter can establish good cause as being the reason the billing was submitted after 12 months. (OAR 436-009-0110(4)(c))

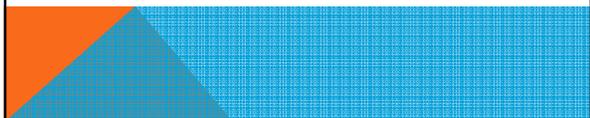
If the insurer does not receive all the information to process the invoice, the insurer must return the invoice to the interpreter within 20 days of receipt. The insurer must provide specific information about what is needed to process the invoice.



Payment requirements

When there is a dispute over the amount of a bill or the appropriateness of services rendered, the insurer must, within 45 days, pay the undisputed portion of the bill and at the same time provide specific reasons for non-payment or reduction of each service billed.

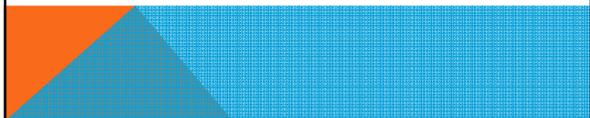
The insurer must provide a written explanation of benefits (EOB) for services paid or denied and must send the explanation to the interpreter that billed for the services.



Payment requirements

The insurer must respond to an interpreter's inquiry about payment within two days, not including weekends or legal holidays. The insurer or its representative may not refer the interpreter elsewhere for an answer.

The insurer and an interpreter may agree to send and receive payment information by email or other electronic means. Electronic records sent are subject to the Oregon Consumer Identity Theft Protection Act under ORS 646A.600 to 646A.628 and federal law.



Dispute resolution

First, contact the insurer or insurer's representative at number listed on the EOB to attempt resolution.

If unsuccessful, submit request to the director for dispute resolution within **90 days** of the date on the EOB.

- Use Form 2842 to ensure the request is complete
- Be sure to provide a copy of the invoice and EOB, call logs or other correspondence with insurer/TPA, etc.
- Include any documentation of bill submission to the insurer/TPA (faxes)
- Send copies of all dispute documents to both the director *and* to the insurer

Administrative review

ADR Process: WCD medical resolution team (MRT) will attempt informal resolution of the dispute in most cases.

Formal review: MRT's review may result in a Stipulated Letter of Agreement, General Letter, or an Administrative Order.

Parties have **30 days** to appeal the Administrative Order.

CONTACT MEDICAL RESOLUTION

Phone: 503-947-7606
Fax: 503-947-7629
Email: wcd.medicalquestions@oregon.gov
Web: www.oregonWCdoc.info
