



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

August 12, 2002

TO: Medicaid Providers M02-16

FROM: Aileen Hiramatsu, Med-QUEST Division Administrator

SUBJECT: SIGN LANGUAGE INTERPRETER SERVICES

The Med-QUEST Division (MQD) issued Memorandum M01-25 dated December 27, 2001, to explain Hawaii Medicaid's coverage of sign language interpreter (SLI) services. The attachment entitled "Procedure for the Authorization and Payment of Sign Language Interpreter Services by the Med-QUEST Division (MQD)" has been slightly modified. The modifications are underlined. To avoid confusion, please substitute this memorandum in its entirety for M01-25.

The Hawaii Medicaid Program covers SLI services to enable deaf Medicaid recipients whose primary means of communication is American Sign Language to access necessary medical care.

Currently, sign language interpreters are not providers in the Hawaii Medicaid Program. Therefore, the MQD with the assistance of the Disability and Communication Access Board (DCAB), a State agency within the Department of Health, and Hawaii Services On Deafness (HSOD), a non-profit agency that assists in SLI referrals, and the Civil Rights Office of the Department of Human Services (DHS) developed a procedure to facilitate access to SLI services.

The procedure applies only to SLI services for recipients in the fee-for-service Medicaid Program for the aged, blind, and disabled (ABD) and for SLI services provided in non-facility based settings, such as physician's offices. Also, SLI services can be requested by the physician when he/she refers the patient to non-physicians (such as physical therapists) for evaluations and treatment.

**PROCEDURE FOR THE AUTHORIZATION AND PAYMENT
OF SIGN LANGUAGE INTERPRETER SERVICES BY THE
MED-QUEST DIVISION (MQD)**

GENERAL

- Sign language interpreter (SLI) services are only covered by the MQD for Medicaid recipients who are seeking medical care through Medicaid physicians. Payment for sign language interpretation for educational, social, job related services, eligibility for Department of Human Services (DHS) non-medical programs, etc., are not covered by this procedure.
- This procedure does not apply when SLI services are provided in the hospital, the hospital outpatient department or the hospital emergency room because hospitals are responsible for providing SLI services in those situations.

The MQD provides SLI services to the following populations:

- Persons who are Medicaid recipients in the fee-for-service Hawaii Medicaid Program for the Aged, Blind, and Disabled (ABD) (The procedures DO NOT apply to persons who are enrolled in a Hawaii QUEST medical plan). Medicaid providers should ask to see a person's Medicaid Identification card to ensure that a Medicaid recipient is covered. If the person does not have his/her Medicaid Identification card, the provider can call the Provider Hotline at 692-7360 for verification of Medicaid/QUEST eligibility.
- Persons who are dually eligible for Medicare and Medicaid.

Interpreter Referral

1. Indirect: Physician's Office Contacts Disability and Communication Access Board (DCAB) or HSOD

The DCAB of the Department of Health (DOH) is a state agency that maintains a listing of SLIs who are qualified to provide SLI services to Medicaid recipients. DCAB can give you names and phone numbers of SLIs who you can contact. DCAB does not charge any fee for this list or other assistance in locating qualified SLIs. DCAB's phone number is 586-8121, Voice or 586-8130, TTY. For voice to TTY relay services, dial 711 or (808) 643-8833.

Hawaii Services on Deafness (HSOD) is an independent non-profit agency providing SLI referral services. HSOD is not a state agency and will charge a fee if you utilize its services. HSOD's telephone number is (808) 926-4763.

- The individual interpreter will inform the physician that the 1144 form authorization is essential and if not submitted to the MSB and approved, the SLI will bill the physician.
- If the physician is not aware of this Medicaid procedure for the authorization of SLI services, the SLI may assist the physician with information or have the physician contact Ms. Doles of the MSB directly.

Payment for SLI Services

- After the completion of the authorized SLI services, the SLI fills in his/her name, address and phone number as the "supplier" of the SLI services on the 1144 form.
- All invoices submitted to MQD must include a completed 1144 form. Payment for services and reimbursement for expenses are based on the Hawaii Administrative Rules (HAR), Title II, Chapter 218 currently in force on the date of service. Original receipts for all expenses (i.e., parking) to be reimbursed must be attached to the invoice.
- Unless there is specific authorization for payment in excess of the Recommended Fee Schedule for Communication Access Providers, payment to SLI will be made in accordance with the most current Recommended Fee Schedule included in 11-HAR-218.
- The 1144 is enclosed with the SLI's invoice and mailed to:

Department of Human Services
 Med-QUEST Division
 Medical Standards Branch
 P.O. Box 700190
 Kapolei, HI 96709-0190

Attention: Ms. Lorraine Doles

- Please allow six weeks for processing of the invoice. To obtain assistance in expediting payments that have not been received in 6 weeks, please call Ms. Doles at 692-8120.

Urgently Needed SLI Services

- The MQD defines "urgently needed SLI services" to mean SLI services requested by a Medicaid recipient's physician when a medically needed visit is required in less than two (2) working days. Generally, these visits are to evaluate new conditions or a complication of an existing problem in which delay in seeing the patient may compromise his/her well being.

**CHECK LIST FOR PHYSICIANS
FOR OBTAINING SIGN LANGUAGE INTERPRETER SERVICES**

Regular Process

- [] Complete the 1144 form. Remember to sign and state the date of the visit.
- [] Fax the signed form to Medical Standards Branch (MSB) at 692-8131. Remember to include your telephone number and fax number.
- [] Keep the approved 1144 form that was faxed back to you by the MSB. This faxed copy is notification to you and the Interpreter that Sign Language Interpreter (SLI) services were authorized.
- [] Give the 1144 form to the SLI before he/she leaves your office.

When SLI Services Are Urgently Needed

If you need SLI services because you need to see your patient in less than two (2) working days to evaluate a new condition or if a complication of an existing problem develops and you feel that a delay in seeing the patient may compromise his/her well being.

- [] Complete the 1144 form, sign it and indicate the date of the visit and write in "urgently needed SLI services, approved by MQD guidelines" next to your justification.
- [] Give the 1144 form to the SLI before he/she leaves your office.

DO NOT write in "urgently needed SLI services, approved by MQD guidelines" if you failed to obtain timely 1144 authorization for SLI services needed for visits scheduled more than five (5) working days in advance as these situations are not considered urgent.

Contact Ms. Lorraine Doles, MSB's Licensed Social Worker at 692-8120 for questions or clarification on this process.

- Failure to obtain timely authorization for SLI services needed for visits scheduled more than five (5) working days in advance are not considered urgent by the MQD.

Authorization for Urgently Needed SLI Services

- If the physician believes that his/her request meets the above definition, he/she completes the 1144 form and indicates the date of the visit and writes in "urgently needed SLI services, approved by MQD guidelines" next to his justification.
- The physician gives a copy of the 1144 to the SLI. The SLI submits this copy with his/her invoice. The MQD consultant will sign it upon receipt of the invoice and attached 1144.

EMERGENCY INTERPRETER REFERRAL

- Hawaii Services on Deafness operates an independent (non-state agency) emergency interpreter referral service in partnership with the Verizon Hawaii Telecommunications Relay Service. This service is not part of the MQD.
- If a medical service provider needs emergency SLI services because a person's condition is a medical emergency, the provider can call (711) 643-8255. As emergency medical services are generally provided in hospitals, no specific procedures have been made to address authorization and payment for Emergency Interpreter Services.
- However, if services directed at the emergency condition are being provided by a physician in the office setting, the physician should follow the procedures outlined above for Urgently Needed SLI Services.
- Hospitals and Physicians using the HSOD emergency referral service should note that the medical service provider has the primary responsibility for payment of interpreters contracted through the service. If approval for payment is not obtained from MQD, the physician is responsible for payment to the interpreter.

2. Direct: Physician Contacts the SLI

The Medicaid recipient asks his/her medical service provider to contact the patient's preferred SLI.

Notification of Authorization Procedures

1.) Indirect: When the physician contacts DCAB or HSOD service:

The DCAB will provide the names of qualified SLIs, including their current level of certification, to the physician. The physician must contact a SLI directly. The physician must complete the DHS 1144 Medical Authorization and submit it to the MQD.

The HSOD will contact a SLI from its list of qualified SLIs.

The HSOD will provide the physician with a copy of the MQD Authorization Procedure shown below and informs the physician that payment authorization must be obtained directly from the MQD.

2.) Direct: When the physician contacts the SLI:

The SLI confirms the appointment, instructs the physician to follow the procedure shown below, and provides the physician with a copy of the procedure or the contact phone number and name at the MQD. The interpreter informs the physician that payment authorization must be obtained directly from the MQD.

The attached check list for physicians summarizes the authorization process and can be either faxed or given to the physician by HSOD and/or the SLI.

MQD Payment Authorization Procedure

- The physician must complete an 1144 Medical Authorization Form stating the date of the appointment. The 1144 form requires a diagnosis and (brief) reason for the need of a SLI.
- The physician should fax the 1144 form to the Medical Standards Branch (MSB) of the MQD attention: Ms. Lorraine Doles at 692-8131. The physician must include his/her telephone number and fax number.
- The approved 1144 will be faxed back to the physician.
- The SLI will receive the approved 1144 form from the physician when the patient and the SLI go to the physician's office.

Attached are (1) "Check List for Physicians for Obtaining Sign Language Interpreter Services" and (2) "Procedure for the Authorization and Payment of Sign Language Interpreter Services by the Med-QUEST Division (MQD)." These documents describe the procedure for authorization and payment of SLI services. The DCAB and HSOD have been given copies of these documents for distribution to sign language interpreters and beginning in early December, 2001, the MQD has been verbally informing physicians of this procedure.

For questions or clarification, please contact Ms. ~~Lorraine Doles~~ at 692-8120.

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Ron Iwata 692-8127

Aileen Yamamoto

Med-QUEST Division Administrator

Attachments

| |
|---------------------|
| ACS USE ONLY |
| PA No.: _____ |

Urgent Request Extension Request New Request

REQUEST FOR MEDICAL AUTHORIZATION

Check only ONE – Different Types of Services Must Be Requested on Separate 1144 Forms.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> BH – Psych. Testing/ & Detox | <input type="checkbox"/> GT – Transportation | <input type="checkbox"/> LT – Long Term Care | <input type="checkbox"/> OS- Out of State Services |
| <input type="checkbox"/> DE – Dental | <input type="checkbox"/> HE- Home Health | <input type="checkbox"/> MD- Professional Services | <input type="checkbox"/> RE – Rehabilitation Services |
| <input type="checkbox"/> DM – Appl./DME/ Supplies | <input type="checkbox"/> LN – Sign Language Interpretation | <input type="checkbox"/> OP – Outpatient Facility | <input type="checkbox"/> SR – Hospice |

*** This Form should **NOT** be used for: Incontinence Supplies, EPSDT Medically Fragile Services and Drugs. ***

NOTE: INCOMPLETE FORM WILL DELAY THE AUTHORIZATION PROCESS. Approval of this request is not an authorization for payment or an approval of charges. Payment by the Medicaid Program is contingent on the patient being eligible and the provider of service being certified by Medicaid. The provider of service must verify patient eligibility at the time the service is rendered. Authorization expires 60 days from date of approval unless otherwise noted by the consultant.

PLEASE PRINT INFORMATION CLEARLY

| | | | |
|--|--|--|---------------------------------|
| Medicaid Identification Number: _____ | Patient Name (Last, First, M.I.): _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth ____/____/____ |
| Medicare Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently at: <input type="checkbox"/> Home <input type="checkbox"/> SNF/ICF/ICF-MR Facility <input type="checkbox"/> Other: _____ | Patient Mailing Address (St., Apt. No., City, Zip Code) _____ name | |
| Is Patient receiving Medicare Home Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Physician Section | | | Supplier Section (Circle Rent or Repair) | | |
|---------------------|----------------|-----|---|-------------|-----------------------------|
| Service Description | Procedure Code | QTY | Purchase Price | Rent/Repair | Period Requested From To |
| 1 | | | | | mm/dd/yyyy mm/dd/yyyy |
| 2 | | | | | mm/dd/yyyy mm/dd/yyyy |
| 3 | | | | | mm/dd/yyyy mm/dd/yyyy |
| 4 | | | | | mm/dd/yyyy mm/dd/yyyy |
| 5 | | | | | mm/dd/yyyy mm/dd/yyyy |

| | | | |
|--|--|---|--|
| Physician Section | | Physician/ Supplier Comments | |
| Diagnosis(es): _____ | | | |
| Justification: _____ | | | |
| Attachment: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If applicable: Serial No.: _____ MSRP Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I certify that the items and quantities above are prescribed by the physician indicated below and will be provided by the supplier.

Physician/Provider Signature: _____ Date: mm/dd/yyyy

Print Physician/ Provider Name: _____ Provider Number: _____

Print Contact Name: _____ Telephone Number: _____ Fax Number: _____
 (if different from Physician)

I certify that the items and quantities above are prescribed by the physician indicated above and will be provided by the supplier.

Supplier Signature: _____ Date: _____

Print Supplier/ Company Name: _____ Supplier Number: _____

Print Contact Name: _____ Telephone Number: _____ Fax Number: _____

| To be completed by Medicaid (A= Approved P= Pended D= Denied R= Revoked) | | | | | | |
|--|-------------|-----|------------|----------------------------|--|----------------------|
| Code Line | Modifier(s) | QTY | Auth. Code | Approved Period From To | | Consultant Comments: |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

INSTRUCTIONS
DHS 1144
REQUEST FOR MEDICAL AUTHORIZATION

- I. Purpose:** The DHS 1144 Form is used to obtain medical authorization of medical services/equipment/items. It should not be used for obtaining any of the following services/equipment/items: (1) Drugs; (2) EPSDT medically fragile case management, skilled nursing and/or personal care; and (3) Incontinence supplies.
- II.** Prior Authorization (PA) No.: On receipt of this 1144 Form, ACS will assign an authorization number. **DO NOT WRITE ANTHING HERE.**
- III.** Each 1144 has 5 lines for requestors to describe and code the services/items being requested. Thus, if more than 5 lines are needed to identify the services/items requested, the requestor **MUST** indicate the page number of each sheet and the total number of sheets per request.
- IV.** Check "Urgent" if applicable. Requests are considered **URGENT** only if the patient has an urgent need for the service/equipment/item. The "Urgent" box **MUST NEVER** be checked if the physician/supplier is late in submitting the request, has submitted the request before, but has not received a response, or wants the request authorized quickly. Certain equipment for discharge from the hospital are not considered urgent because they have a 30 day conditional approval. (See the Medicaid Provider Manual) Check "Extension Request" if an initial request for the same service/item was requested and the current request is for continuation of the service/item. Check "New Request" if this is the first time an authorization is requested for the service/item.
- V.** Check only one of the 12 blocks that apply to the type of service being requested. Each type of service must be requested on a separate 1144 Form.
- VI. General Instructions:** Type or print legibly. *An incomplete form will be returned to the provider and delay the authorization process.*
- A. Recipient Information:** *This section is to be completed by the provider.*
1. Enter Medicaid I.D. Number, Patient's Name, Gender, and Date of Birth (mm/dd/yy).
 2. Check the appropriate box "Yes" or "No" about Medicare coverage and/or Medicare Home Health Benefits.
 3. Check type of Present Address, and provide Patient's Mailing Address. If "Other" is checked, provide the name--example: Jane Doe, Care Home.
- B. Physician Section:** *This section is to be completed by the physician.*
1. Describe the service(s) being requested, indicate the appropriate CPT/HCPCS code and the quantity requested.
 2. Provide the justification for the medical need of the service/item for the specific patient. Indicate "Yes" or "No" if you are attaching additional justification or documents justifying the medical need to the 1144 Form.
 3. Sign the form and provide a date. Your signature certifies that the patient is under your care and that the service(s) requested are medically necessary for the patient. Your signature on this 1144 Form carries the same medical/legal responsibility as that on a prescription.

4. Print legibly or stamp Physician/Provider Name and Provider Number. Provide Contact Name (if different from physician), Telephone Number, and Fax Number where the Medicaid Consultant can contact the Provider if additional information is needed to process the request.

C. Supplier Section: *This section is to be completed by the Supplier.*

1. Indicate the purchase price (your charge for the equipment/supply/item). Circle rent or repair as appropriate (Purchase price, rent/repair should be left blank on requests for professional services). Indicate the period requested.
2. Print legibly or stamp Supplier Name and Supplier Number.
3. The supplier may make comments in the section "Physician/Supplier Comments."
4. If applicable--indicate the serial number. This is required for FINAL approval of wheelchairs, hearing aids, and hospital beds. Please supply it if you have it for other kinds of equipment. Indicate "Yes" or "No" for MSRP attached. (This serial number and the MSRP attachment should be left blank on requests for professional services).
5. The Supplier or its authorized representative must sign and date the form. The supplier signature certifies that the items and quantities requested were prescribed by the physician indicated on the form and will be provided by the supplier.
6. Print legibly or stamp the supplier/company name (do not enter the name of the person signing the form if it is not the same as the supplier/company name that corresponds to the Supplier Provider Number) and Supplier Provider Number.
7. Print Contact Name, Telephone Number, and Fax Number where the Medicaid Consultant can contact the Supplier if additional information is needed to process the request. Enter the Quantity/Month for the items being requested.

D. To be completed by Medicaid: *This section is to be completed by the Medicaid Consultant.* It will only be returned to the physician and supplier if the request is urgent or if the request is complex.

1. Consultant will indicate the modifier (if appropriate) for each code line and the quantity approved.
2. Consultant will assign a Code for each item; such as: A – Approved, P – Pend, or D – Denied, R – Revoked.
3. Consultant will enter Period Approved.
4. Consultant will write comment (s), as needed.