

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Chapter 14: Language Access Services

Effective July 1, 2022



Link: Look for possible [updates and corrections](#) to these payment policies on L&I's website.



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Definitions

The following terms are utilized in this chapter and are defined as follows:

Authorized interpreter: Interpreter who has passed a screening test from one or more of the organizations below. Since the scope of the screening test is not as comprehensive as a conventional certified test, those who meet the minimum proficiency requirements are issued an authorization letter in lieu of a certificate. Interpreters must hold an active, up-to-date credential in good standing (not revoked) from one or more of the following organizations:

If the agency or organization is...	Then the credential is a:
Washington State Department of Social and Health Services (DSHS)	Letter of authorization as a qualified social and/or medical services interpreter
Federal Court Interpreter Certification Examination (FCICE)	Letter of designation or authorization

By Report (BR): When billing for the code, the provider must provide a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report. For the full legal definition of **By Report (BR)**, see [WAC 296-20-01002](#).

Certified interpreter: Interpreter who holds active, up-to-date credentials in good standing (not revoked) from one or more of the following organizations:

If the agency or organization is...	Then the credential is a:
Washington State Department of Social and Health Services (DSHS)	Social or Medical Certificate
Washington State Administrative Office for the Courts (AOC)	Certificate
Registry of Interpreters for the Deaf (RID)	Certified Deaf Interpreter (CDI), or National Interpreter Certification (NIC), or Provisional Deaf Interpreter Certification (PDIC), up to the 12 months the certificate is allowed by RID. Interpreter must submit certification from the RID following the 12-months in order to continue providing services.

If the agency or organization is...	Then the credential is a:
National Board of Certification for Medical Interpreter	Certified Medical Interpreter (CMI)
Certification Commission for Healthcare Interpreters (CCHI)	Certified Healthcare Interpreter
Federal Court Interpreter Certification Test (FCICE)	Certificate
US State Department Office of Language Services	Verification letter or Certificate

Client: A worker, an individual, or a group of people that uses the professional services of an interpreter. May also be known as a patient or worker.

Encounter: An interpreter encounter, initiated by the requestor (the medical or vocational provider), and scheduled by the insurer's contractor, InterpretingWorks.

Individual interpreter: An interpreter requested for on-demand appointments. Individual interpreters must use the ISAR and bill the insurer directly for on-demand appointments only.

Independent medical examination (IME): An objective medical legal examination requested by the department or self-insurer to establish medical facts about a worker's physical condition. Only department-approved examiners may conduct these exams.



Link: For more information, see: [WAC 296-23-302](#).

Initial visit: The first visit to a healthcare provider during which the Report of Industrial Injury or Occupational Disease is completed and the worker files a claim for workers' compensation.

ISAR: [Interpretive Services Appointment Record](#). Only interpreters arranged outside of the scheduling system are required to submit an ISAR. A completed ISAR in the claim file is necessary at the time the bill is processed to justify and document the service provided.

On-demand appointment: Unscheduled appointments. This includes emergency, urgent care, and walk-in appointments.

Sight translation: Oral rendition of text written from one language into another language, usually done in the moment, by the interpreter.

Sign language interpretation: Sign language interpretation includes American Sign Language (ASL), tactile interpretation, and sign languages from countries other than the United States.

Wait time: The time between the scheduled start time and the actual start time of an appointment. No other covered services are performed during this time.



Payment policy: All interpreter services

General information

Workers or crime victims who have limited English proficiency or sensory impairments may need interpreter services to communicate effectively with healthcare or vocational providers.

Prior authorization requirements

Prior to service delivery, providers and **individual interpreters** should check claim status with the insurer. Providers will check claim status with the insurer for scheduled appointments. Call **1-800-831-5227** for automated updates on claim status.

Required

Document translation services require prior authorization and must be requested by the insurer.

Only translation agencies with a current Department of Enterprise contract may perform translation. See [Payment Policy: Translation Services](#) for more information.

Not required

Interpreter services don't require prior authorization on open claims.

Who must perform these services to qualify for payment

This policy applies to interpreter services provided:

- For healthcare, **independent medical examinations (IMEs)**, and vocational services,
- In all geographic locations,
- To workers and crime victims having limited English proficiency or sensory impairment, and receiving benefits from:
 - The State Fund, *or*
 - Self-insured employers, *or*
 - The Crime Victims Compensation Program.

Healthcare and vocational providers may not select the same interpreter for every appointment scheduled by the worker, unless there are extenuating circumstances. See [Payment Policy: Scheduling System](#) for more information.

Credentials required for L&I provider account number

Interpreters must have an active L&I provider account, unless the interpreter is only providing services as part of the scheduling system. All interpreters are required to have a National Provider Identification (NPI) number. NPIs are unique 10-digit numbers used in identifying specific providers.

To obtain an L&I interpreter services provider account number for **on-demand appointments**, interpreters must submit credentials using the **Submission of Provider Credentials for Interpreter Services** form ([F245-055-000](#)). Also, note that:

- Credentials accepted include those listed under definitions for **certified interpreter** and **authorized interpreter** (see Definitions at the beginning of this chapter), *and*
- Provisional certification isn't accepted, except for **sign language interpreters**.

Interpreters located outside of Washington State must submit credentials from their:

- State Medicaid programs, *or*
- State or national court systems, *or*
- Other nationally recognized programs.



Note: Interpreters may only be paid for services in the languages for which they have provided credentials.

Maintaining credentials

Interpreters are responsible for maintaining their credentials as required by the credentialing agency or organization.

If the interpreter's credentials expire or are revoked for any reason, the interpreter must immediately notify the insurer's vendor for scheduling appointments, InterpretingWorks. **Individual interpreters** must immediately notify L&I of the expiration or changes. Billings for services rendered after an interpreter's credentials expire or are revoked will be denied.

Credentialed employees of healthcare and vocational providers

Credentialed employees of healthcare and vocational providers may provide services to **clients** if the provider determines it is most appropriate for their clinic to employ their own interpreter. The Department doesn't reimburse interpreters in this case. The provider is responsible for ensuring the interpreter is credentialed and provides meaningful access to the **client**.

Services that are covered

These services are covered and are reimbursable:

- The **initial visit**, *and*
- Insurer requested IMEs, *and*
- A flat fee for an insurer requested IME appointment is payable when the worker doesn't attend, *and*
- Services related to the reopening application are payable. Only services to assist in completing the reopening application are payable unless or until a decision is made by the insurer on the status of the claim. If a claim is reopened, the insurer will determine which services are reimbursable, *and*
- Interpreter services which facilitate language communication between the worker and a healthcare or vocational provider, *and*
- Time spent waiting for an appointment that doesn't begin at time scheduled (when no other covered services are being delivered during the **wait time**), *and*
- Interpreters for family members or guardians of workers who are under 18 years old, *and*
- Assisting the worker to complete forms required by the insurer and/or healthcare or vocational provider using **sight translation**, *and*
- The insurer will reimburse interpreter services up to the date of a rejection order, if applicable.

Rejected claims

Interpreter services for claims which are ultimately rejected will be paid up to (but not including) the date of the rejection order.

Services that aren't covered

As a last resort, if the medical or vocational provider can't find an L&I approved interpreter, they may use non-certified or unapproved interpreters. L&I won't pay for these services and strongly discourages their use.

In addition, the following aren't covered:

- Interpreter services exceeding **480 minutes** (8 hours) per day per interpreter, *and*
- Interpretation for services that aren't covered by the insurer (see [WAC 296-20-03002](#)), *and*
- Interpreter services provided for a denied or closed claim (except services associated with the **initial visit**, or the visit for the worker's application to reopen a claim, or for a worker receiving a pension with a treatment order), *and*

- Bills for rejected claims for dates of service after the date of the rejection order are not reimbursable, except for the reopening application, *and*
- No show fee for any service other than an insurer requested IME *and*
- Personal assistance on behalf of the worker (for example, scheduling appointments, translating correspondence or making phone calls), *and*
- Interpreter services provided for communication not related to the worker's communications with healthcare or vocational providers, *and*
- Overhead costs (for example, phone calls, photocopying, and preparation of bills), *and*
- Document translation unless requested or authorized by the insurer, *and*
- Interpreters who have had their certification revoked by a certifying authority, *and*
- Mileage (mileage is bundled into interpreter services fees and is not separately reimbursable), *and*
- Family members, or friends or acquaintances, of the worker who provide interpretation, *and*
- Credentialed employees of providers who interpret for workers or crime victims, *and*
- Interpreter services for workers or crime victims for legal purposes, including but not limited to:
 - Attorney appointments, *or*
 - Legal conferences, *or*
 - Testimony at the Board of Industrial Insurance Appeals or any court, *or*
 - Depositions at any level.



Note: Payment for interpreter services for legal purposes is the responsibility of the attorney or other requesting party. Don't bill L&I or the self-insured employer for these services.

Interpreter services fee schedule

Code	Description	L&I limit and authorization information	1 unit of service equals...	Maximum fee
9973M	interpretingWorks Encounter Fee	Payable only to InterpretingWorks.	Encounter	\$7.50 per encounter
9974M	interpretingWorks interpreter Per Minute Direct service time between the client and healthcare or vocational provider.	Limited to 480 minutes (8 hours) per day per interpreter, for in-state or border zip codes only. Doesn't require prior authorization. InterpretingWorks is required to pay interpreters 15 days after receiving payment from the insurer.	1 minute	\$1.03 per minute
9975M	On-Demand Interpreting , per minute	Limited to 480 minutes (8 hours) per day. ISAR required. Payable only when: <ul style="list-style-type: none"> • Individual interpreters provide interpretation for emergency/urgent care/walk in appointments; • Individual interpreters provide services out of state; • (For IMEs only) InterpretingWorks interpreter is documented as a no-show or unfulfilled. Payable once per day.	1 minute	\$1.03 per minute

Code	Description	L&I limit and authorization information	1 unit of service equals...	Maximum fee
9996M	<p>Interpreter “IME no show”</p> <p>Wait time when worker doesn’t attend the insurer requested IME, flat fee.</p>	<p>Only 1 no show per worker per day.</p> <p>Payment requires prior authorization.</p> <p>InterpretingWorks will request the authorization on behalf of the interpreter.</p> <p>Contact the SIE/TPA after no show occurs.</p>	1 worker no show at IME	Flat fee \$60.15
9997M	<p>Document translation, at insurer request</p>	<p>Over \$500.00 per claim will be reviewed.</p> <p>Authorization will be documented on translation request packet. Only payable to agencies with a Department of Enterprise Services contract.</p>	1 page	By report

Requirements for billing

The scheduling system will handle bills for interpreters. Interpreters must use the miscellaneous bill form and **ISAR** for **on-demand appointments**. [See Payment Policy: On-Demand Appointments](#) for more information.

Payment limits

Daily time limit

The combined total is limited to **480 minutes** (8 hours) per day per interpreter, for both on-demand and scheduled appointments.

On-demand interpretation is only for services rendered where the appointment occurred last minute, such as an emergency.

L&I's Interpreter scheduling system

L&I has a contract with InterpretingWorks for the scheduling of most interpreter appointments. Providers must use this scheduling portal for their interpreter needs, except for some **on-demand appointments**.



Link: Interpreters who'd like to provide scheduled services should [sign up with InterpretingWorks](#).

Interpreters are encouraged to join this scheduling system. A limited number of **on-demand appointments** will be available for interpreters who have provider accounts with L&I. See the Payment Policy: Scheduling System below for additional information.

Standards and responsibilities for interpreter services provider conduct

L&I is responsible for ensuring workers and crime victims receive proper and necessary services. Interpreters are expected to adhere to the ethics requirements set forth by their certification, or the Department of Social and Health Services [WAC 388-03-050](#), if the certification the interpreter holds doesn't have an ethics component.

The DSHS WAC is the insurer's reference for interpreter expectations. L&I adopts a modified version of this WAC and refers to this as the ethics expectation standard for interpreters.

Healthcare and vocational providers may not select the same interpreter for every appointment scheduled by the worker, unless there are extenuating circumstances. See [Payment Policy: Scheduling System](#) for more information.



Link: Modification of [WAC 388-03-050](#) is referring to L&I instead of DSHS clients.

Who chooses both the interpreter services provider and when the services are needed

[Title VI of the Civil Rights Acts of 1964](#) prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance. This includes discrimination based on limited English proficiency (LEP) persons. As a result, recipients and sub recipients of Federal financial assistance are responsible for taking reasonable steps to ensure meaningful access by LEP persons to the recipients' and sub recipient's programs or activities, including the use of an interpreter. Failure to do so constitutes illegal discrimination and is a violation of an individual's civil rights.

The [American with Disabilities Act \(ADA\)](#) encourages healthcare or vocational providers serving L&I workers or crime victims to consult with the patient to identify appropriate aid or service necessary to treat them effectively. L&I covers the cost of interpretation services, however the healthcare or vocational provider is responsible for following the ADA guidance for interacting with individuals with communication challenges.

The healthcare or vocational provider will determine, with the worker, if the assistance of an interpreter is needed for effective communication to occur.

If **assistance is needed**, the healthcare or vocational provider will schedule an interpreter to provide medical interpretation during an appointment.

Healthcare and vocational providers may not select the same interpreter for every appointment scheduled by the worker, unless there are extenuating circumstances. See [Payment Policy: Scheduling System](#) for more information.

If an interpreter (whether paid or unpaid) accompanying the worker does not meet the communication needs, the healthcare or vocational provider determines **a different interpreter is needed** and:

- The worker may be consulted in the selection process, *and*
- Sensitivity to the worker's cultural background and gender is encouraged when selecting an interpreter, *and*
- The ultimate decision on who does the interpreting rests with the healthcare or vocational provider.

In all cases:

- A paid interpreter must meet L&I's credentialing standards (see Definitions at the start of this chapter) *and*
- Persons under age 18 may not interpret for workers or crime victims.

Additional requirements of hospitals and other facilities

Hospitals, freestanding surgery and emergency centers, nursing homes, and other facilities may have additional requirements for persons providing services within the facility. For example, a facility may require all persons delivering services to have a criminal background check, even if the provider isn't a contractor or a facility employee.

The facility is responsible for notifying the interpreter services provider of their additional requirements and managing interpreter compliance with the facilities' requirements.



Payment policy: Independent medical examination (IME) interpreter services

Prior authorization

IME interpretation services

When an IME is scheduled, the IME provider will arrange for the interpreter services through the scheduling system. Interpreters who accompany the worker won't be paid or allowed to interpret at the IME. The IME provider will arrange interpreter services through the scheduling system, interpretingWorks.

If a request for interpreter is not filled by interpretingWorks and 24 or fewer hours remain before the scheduled appointment time, IME providers may utilize an on-demand interpreter. This rule only applies to IME providers.



Link: Arrange for an interpreter [through interpretingWorks](#).

Who can't perform these services

Interpreters for IMEs must be arranged through the scheduling system. In addition, persons (including interpreters through interpretingWorks) who can't provide interpretation or translation services at IMEs for workers or crime victims are:

- Those related to the worker or crime victim, *or*
- Those with an existing personal relationship with the worker or crime victim, *or*
- The worker's or crime victim's legal or lay representative or employees of the legal or lay representative, *or*
- The employer's legal or lay representative or employees of the legal or lay representative, *or*
- Any person who couldn't be an impartial and independent witness, *or*
- Persons under age 18.



Link: Also see [WAC 296-23-362\(3\)](#), which states, "The worker may not bring an interpreter to the examination. If interpreter services are needed, the insurer will provide an interpreter."

Services that can be billed

IME no shows

Authorization is required prior to payment for an IME no show. For questions, call the Provider Hotline at **1-800-848-0811** or email PHL@Lni.wa.gov. Only services related to no shows for insurer-requested IMEs will be paid.

The insurer will pay a flat fee for an IME no show. After occurrence of IME no show for Self-insured claims, contact the SIE/TPA.



Link: For more information, see: [WAC 296-20-010\(5\)](#) which states, “L&I or self-insurers will not pay for a missed appointment unless the appointment is for an examination arranged by the department or self-insurer.”

Payment limits

Only one no-show fee per day is payable. Prior authorization is required.

For IME panel appointments only, provider may request the same interpreter for the duration of the appointment time. Breaks in the schedule aren't covered by the insurer.

Examples

If the IME the panel exam takes place from 10:00 am until 12:00 pm, the provider should request the same interpreter for both hours.

If the IME panel exam occurs between 10:00 am until 2:00 pm, with the hour of 12:00 pm until 1:00 pm used for lunch, the provider should request two separate appointments; one for 10:00 am until 12:00 pm, and one from 1:00 pm until 2:00 pm. The provider may request the same interpreter for both appointments, but L&I will not reimburse the interpreter for break time when no interpreter services are provided.



Payment policy: On-demand appointments

General information

For services arranged for **on-demand appointments**, interpreters must have an L&I provider account number, use the **ISAR**, and bill the insurer using the [miscellaneous billing form](#). The healthcare or vocational provider arranges **on-demand appointments** by contacting the interpreter directly using the insurer's [interpreter lookup tool](#).

InterpretingWorks and interpreters working for interpretingWorks are not required to submit an **ISAR** form or a miscellaneous billing form when billing the insurer.

Billing information

How to Identify State Fund, Self-Insurer, or Crime Victim Claims

State Fund claims begin with the letters A, B, C, F, G, H, J, K, L, M, N, P, X, Y, or Z followed by six digits, or double alpha letters (example AA) followed by five digits.

Self-insured claims begin with an S, T, or W followed by six digits, or double alpha letters (example SA) followed by five digits. Department of Energy (DOE) claims are now self-insured.

Crime Victims claims begin with a V followed by six digits, or double alpha letters (example VA) followed by five digits.

For **on-demand appointments**, the healthcare or vocational provider or their staff must verify services on the Interpreter Services Appointment Record (**ISAR**) ([F245-056-000](#)).



Links: The **ISAR** form ([F245-056-000](#)) can be ordered from the warehouse. Also, see [Common Errors on the Interpreter Services Appointment Record \(ISAR\)](#) for assistance in completing the form.

How to submit bills for State Fund and Crime Victim claims

Interpreter service appointment record must be submitted to the insurer when services are billed (at the same time). Fax State Fund documentation to **360-902-4567**.

Don't staple documentation to bill forms.

Send documentation separately from bills for State Fund or Crime Victims Compensation Program claims, and:

Send State Fund bills to:

Department of Labor & Industries
PO Box 44269
Olympia, WA 98504-4269

Or call **360-902-6500** or **1-800-848-0811**

Interpreters can also set up [electronic billing for State Fund claims](#), or

Contact the Electronic Billing Unit at:

Phone: **360-902-6511**

Fax: **360-902-6192**

Email: ebulni@Lni.wa.gov

Fax documentation (**ISAR**) to **360-902-4567** when billing electronically. **ISARs** may not be submitted electronically.

Send Crime Victims Compensation Program bills to:

Department of Labor & Industries

PO Box 44520

Olympia, WA 98504-4520

Or call **360-902-5377** or **1-800-762-3716**

How to correct an ISAR

If corrections to the **ISAR** form are necessary, see “Changes to medical records” in [Chapter 2: Information for All Providers](#) for information on how to make corrections appropriately. (See definition of **Medical records** in Definitions at the beginning of Chapter 2.)

How to bill multiple claims

If the appointment involves multiple claims, a separate **ISAR** must be submitted for each claim and the healthcare or vocational providers or their staff must verify services on each **ISAR**.

All services provided to a worker on the same date for the same claim must be billed together.

When multiple claims are involved, the billable minutes must be prorated between the claims. The “Total Billable Minutes” on each **ISAR** submitted must match the amounts billed for that claim.

If the appointment is a group of clients, include on the form:

- The total number of clients (not healthcare or vocational providers) participating in the appointment, and
- Verification of appointment by healthcare or vocational provider (printed name and signature of person verifying services), and
- Date signed.

How to bill self-insured claims

To determine the insurer, see the [SIE/TPA list](#) or call 360-902-6901.

Required items for bill payment

All Interpreter Services Appointment Record (**ISAR**) forms must be signed by the healthcare or vocational provider or the provider's staff to verify services, *and*

All **ISAR** forms must be in the claim file. All **ISAR** forms must be in the file without crossed out information, comments, or notes in margins, *and*

If the appointment involves multiple claims, a separate **ISAR** must be submitted for each claim and the healthcare or vocational providers or their staff must verify services on each **ISAR**, *and*

All services provided to a worker on the same date for the same claim must be billed together.



Links: [Additional information on interpreter billing](#) is available online.

For more information about billing, see the [General Provider Billing Manual](#).

[Additional information on adjustments](#) is available online.

When billing for interpretation services:

Only the time actually spent delivering those services may be billed, *and*

To avoid bill denial, you must bill all services for the same worker, for the same date of service, on one bill form, *and*

Time is counted from when the appointment is scheduled to begin or when the interpreter arrives, whichever is later, to when the services end, *and*

Exception: If the appointment starts early, time is counted from when the appointment actually begins. For example, the appointment is scheduled to start at 8:30 a.m. but interpreter arrives at 8:00 a.m. and appointment starts early at 8:15 a.m. Time is counted from 8:15 a.m. when the appointment actually started, *and*

Time spent providing **sight translation** isn't counted separately.



Payment policy: Out-of-State Language Access Services

Who must perform interpreter services to qualify for payment

This policy applies to services rendered outside of Washington State. Interpreter services are covered regardless of the location of the worker; however, the healthcare or vocational provider must arrange an interpreter depending on the location where services occur.

The rules outlined in the [All interpreter services](#) section also apply to out-of-state interpreters.

Services that are covered

If treatment or services occur...	Then...	And reference...
In a border zip code. A border zip code are zip codes that start with: 970, 971, 972, 978 for Oregon, or 835 or 838 for Idaho.	Healthcare or vocational provider must use the scheduling system. Interpreters don't need a unique provider ID.	Scheduling System
Outside of a border zip code and outside of Washington State.	Healthcare or vocational provider must arrange services with a local, individual interpreter . Interpreters must have a unique provider ID and fill out an ISAR .	On-Demand Appointments
Outside of a border zip code and outside of Washington State and there are no interpreters available.	Healthcare or vocational provider may use CTS Language Link.	Telephone interpreter services



Payment policy: Scheduling System

L&I's Interpreter scheduling system

L&I has a contract with InterpretingWorks for the scheduling of most face-to-face interpreter appointments in and near Washington State. Providers must use this scheduling portal for their interpreter needs, except for some **on-demand appointments**.



Link: Arrange for an interpreter [through InterpretingWorks](#).

Interpreters are encouraged to join this scheduling system. A limited number of **on-demand appointments** outside of the scheduling system will be available for interpreters who have provider accounts with L&I. These are arranged by the healthcare or vocational provider.

Healthcare and vocational providers may not select the same interpreter for every appointment scheduled by the worker, unless there are extenuating circumstances.

Situations in which the same interpreter may be used for each appointment are limited to the following:

Crime victims

When it is necessary for continuity of care and case familiarity for a **crime victim**.

Mental health treatment by a mental health provider

If the worker has authorized coverage for **mental health** (mental health must be an L&I authorized condition on the claim). The ability to request the same interpreter is **ONLY** for the mental health provider furnishing mental health treatment and/or a diagnosis to a worker, and not every provider involved in the care. See the [MARFS Mental Health Services Chapter 17](#) for information regarding who must perform mental health services to qualify for payment.

Pain management or brain injury program

A **pain management program** or a **brain injury rehabilitation program** where having the same interpreter is beneficial to the outcome of the program, and the provider is providing services as part of an approved structured intensive pain management program (SIMP) or brain injury rehabilitation program. **L&I must have provided specific approval as a pain management or brain rehab program while offering services to a worker as part of that program.**

On a case-by-case basis, requests for the same interpreter for languages of lesser diffusion may be allowed. Decision rests with the scheduling system and is dependent on availability of the interpreter.

Providers need to provide access to their QR codes for the interpreter check in and check out process to ensure interpreter time is accurately captured. Interpreters should check in at the start time of the appointment, unless arriving after the start time in which case check in at the time of arrival. Interpreters should promptly check out when the appointment ends.



Link: [More information about the InterpretingWorks process](#) is available online.

If InterpretingWorks is unable to secure an interpreter for the provider, the provider must use CTS Language Link. Read more about this in the [Payment Policy: Telephone interpreter services](#). InterpretingWorks is required to remit payment to interpreters within 15 days of receiving payment from the insurer.



Note: If the appointment request is for a panel IME, the same interpreter may be requested. See [Payment Policy: Independent Medical Examination Interpreter Services](#) for more information.



Payment policy: Telephone and video remote interpreter services

Prior authorization

Over the phone (OPI) interpreter services and video remote interpreter (VRI) services don't require prior authorization on open claims, or closed claims that have a treatment order.

Providers should check claim status with the insurer prior to requesting interpreter services. Call **1-800-831-5227** for updated claim status.

Who must perform these services to qualify for payment

Healthcare, vocational, and activity coach providers, both in and out of state, who use OPI or VRI services must use the preapproved DES contracted vendor(s).



Link: Information about [how providers arrange interpreter services](#) is available on the L&I website.

Services that are covered

Providers may only use the DES contracted vendor(s).

OPI services for healthcare and vocational providers are covered when:

- The healthcare or vocational provider requests the services, *and*
The healthcare or vocational provider is administering a covered, billable treatment or service to the worker.

VRI services for healthcare and vocational providers are covered when:

- There is a live video and audio connection between the healthcare or vocational provider and the worker, *and*
- The healthcare or vocational provider requests the services, *and*
- The healthcare or vocational provider is administering a covered, billable treatment or service to the worker.

Services that aren't covered

OPI and VRI services for healthcare and vocational providers aren't covered when the provider or their staff call the patient for administrative purposes, such as scheduling or rescheduling an appointment.

OPI and VRI services rendered by interpreters who are not part of L&I's contract with the vendor are not covered. Self-insured employers are also required to obtain services using L&I's contracted vendor(s).



Payment policy: Translation services

Prior authorization

Document translation services are only paid when performed at the insurer's request. Services will be authorized before the request packet is sent to the translators.

Who must perform translation services to qualify for payment

Only Department of Enterprise Services (DES) contracted translators may complete document translation requests.

Sight translation is provided by interpreters during an appointment with a **client** and a healthcare or vocational provider. Document translation services are for written materials and are only payable when requested by the insurer.

Services that are covered

Document translation is an insurer-requested service only. Payment for document translation will be made only if the service was requested by the insurer, and the translation provider is part of the DES contract.



Links to related topics

If you're looking for more information about...	Then see...
Administrative rules for interpreter services	Washington Administrative Code (WAC) 296-20-010(5) WAC 296-23-362(3) WAC 296-23-302
Administrative rules for missed appointments	WAC 296-20-010(5)
Becoming an L&I interpreter provider	Become an Interpreter on L&I's website
Becoming an L&I provider	Become A Provider on L&I's website
Billing adjustments	Billing adjustments on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Common Errors on the Interpreter Services Appointment Record (ISAR)	F245-436-000
DES Telephone and Video Interpreter Services contract	Washington State Government DES website
Ethics for Interpreters	WAC 388-03-050
Federal laws relevant to interpreter services	Civil Rights Act of 1964
Fee schedules for all healthcare professional services (including interpreter services)	Fee schedules on L&I's website
How providers arrange interpreter services	How to arrange for interpreter services on L&I's website
Interpreter Lookup Service	Interpreter lookup service on L&I's website
Interpreter Services Website	Interpreter services
Interpreter Services Appointment Record (ISAR) form	F245-056-000

If you're looking for more information about...	Then see...
InterpretingWorks (L&I's contracted scheduling system)	InterpretingWorks website
L&I's General Provider Billing Manual	F245-432-000
Language Link (DES contracted vendor)	Language Link website
National Provider Identification number	Centers for Medicare and Medicaid Services website
Sign up for L&I provider news and updates through GovDelivery	Sign up for GovDelivery
Statement for Miscellaneous Services form	F245-072-000
Statement for Crime Victim Miscellaneous Services form	F800-076-000

Need more help?

Call L&I's Provider Hotline at **1-800-848-0811** or email PHL@lni.wa.gov