



**Guide to Edits Included in the New York Medicaid Program 29-I Health Facility
BILLING Guidance- Version 2025-2- April 2025**

Update Made	Updated Text	Location
Extended deadline for MMCPs to pay FFS rates.	3.10 MEDICAID MANAGED CARE PLAN PAYMENTS MMCPs must reimburse the NYS Medicaid FFS rates for Core Limited Health-Related Services from July 1, 2021 through June 30, 2027 . MMCPs must reimburse Other Limited Health-Related Services from this same time period at the Medicaid FFS fee schedule (where available), unless alternative arrangements have been made between Plans and providers and have been approved by DOH and OCFS (e.g., Value-Based Payment arrangements).	P. 12
Removed two-unit limit for Interpreter Services.	3.11 OTHER LIMITED HEALTH RELATED SERVICES DELIVERED WITH AN INTERPRETER Reimbursement for Interpreter Services for children/youth receiving care by a 29-I Health Facility is available for services provided during a medically necessary encounter billed in conjunction with one of the following Other Limited Health-Related Service rate codes: 4588, 4589, 4590, 4591, 4592, 4593, 4594, 4595, 4596, 4597, 4598, 4685. The need for medical language interpreter services must be documented in the medical record and must be provided during an encounter. The 29-I Health Facility is responsible for developing a business relationship with one or more agencies that can provide trained, competent interpreters in the needed language(s). Interpreter services provided by 29-I Health Facility staff are not eligible for reimbursement. These interpreter services may be provided in person by an interpreter or by telephone with a translation service. The interpreter must demonstrate competency and skills in medical interpretation techniques, ethics, and terminology. It is recommended, but not required, that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). The provider must document the encounter in the child/youth's medical record and include the location, type of interpretation provided, name of interpreter, and agency. Interpretation services also includes sign language for individuals who are deaf or hearing impaired.	P. 12-13



Rate Code	Procedure code	Modifier	Billing Unit	Max Units	Description
4673	T1013		15 minutes	N/A	In person interpreter services
4673	T1013	GQ	15 minutes	N/A	Telephone interpreter services
<p>The time billed for interpretation services cannot exceed the length of time of the encounter. Claims must be submitted by the 29-I Health Facility providing the service. The rate of payment will be set at \$11.00 for one unit of service. Each claim must include rate code 4673 and Healthcare Common Procedure Coding System (HCPCS) procedure code T1013 (sign language and oral interpretation) in addition to the units of service. If provided via telephone the claim must include modifier GQ. The claim for language assistance shall only be submitted subsequent to adjudication of the corresponding OLHRS (rate codes 4588-4598, and 4685) claim or it will deny.</p>					



Updated Interpreter Services Billing Language	Rate Code	Unit Limit per Rate Code	Rate Code Description	P. 59
	4673	N/A	Interpreter Services	
	Billing Unit Measure: 15 minutes. Must be billed in conjunction with one of the following Other Limited Health-Related Service rate codes: 4588, 4589, 4590, 4591, 4592, 4593, 4594, 4595, 4596, 4597, 4598, 4685. The time billed for interpretation services cannot exceed the length of time of the encounter.			
	Billing Unit Measure: Includes a minimum of eight and up to 22 minutes of medical language interpreter services. These services are billed at a maximum of two billable units of service per patient per encounter; however, if the child/youth is seen for more than one encounter in a day, interpretation services may be billed for up to two units per encounter.			
	Service Description	Modifier	Procedure Code	
	In person interpreter services		T1013	
	Telephone interpreter services	GQ	T1013	