

Criteria and Authorization Requirements for Interpreting Services

Telephonic or Video Remote Interpreter Services

- a. Member or patient (non-member) is being seen at a Partnership contracted provider site.
- b. Member or patient does not have other health coverage (OHC) that covers the requested/required interpreting service.
- c. Telephonic or Video Remote Interpreter Services do not require prior authorization through Partnership's Member Services.

Sign Language Interpreters

- a. Member is enrolled in Partnership at the point the service is required.
- b. Member does not have OHC that is primary to Partnership, that covers the requested/required interpreting service.
- c. Appointment is for a service that is covered by Partnership.
- d. Member has hearing and/or speech impairment.
- e. Sign Language Interpretation services require prior authorization through Partnership's Member Services department. Requests can be made by calling Member Services in advance at (800) 863-4155.

Face-to-Face Interpreter Services

- a. Member is enrolled in Partnership at the point the service is required.
- b. Member does not have OHC that is primary to Partnership, that covers the requested/required interpreting service.
- c. The appointment is for a service that is covered by Partnership.
- f. Face-to-face interpretation services require prior authorization through Partnership's Member Services department. Requests can be made by calling Member Services in advance at (800) 863-4155.
- d. Behavioral Health Treatment (BHT) services for members under 21 years of age, such as evaluations and Applied Behavior Analysis, in a therapeutic and/or home setting are a Partnership benefit and fall under Partnership responsibility to arrange and schedule face-to-face interpreter services.
- e. If face-to-face interpreter services are being requested at a hospital, Partnership staff contacts the Patient Services department at the hospital for these services. If the hospital refuses to provide these services, Partnership arranges the service. The Provider Relations department is notified of the hospital's refusal to provide service.
- f. If face-to-face interpreter services are being requested for Partnership Medi-Cal covered mental health services, the caller is referred to Carelon Behavioral Health (formerly Beacon Health Options) at (855) 765-9703. Carelon is responsible to provide face-to-face interpreting services. Members are advised to contact Carelon three (3) business days in advance of their appointment to arrange the service.